



STATE OF DELAWARE
PARTY NOMINATING RESOLUTION

Date \_\_\_\_\_

I, \_\_\_\_\_, residing at the following address
Please type or print or correct and proper name

House # Street City Zip Code

Mailing address if different from home address

was nominated as a candidate of the \_\_\_\_\_ Party for the Office
of \_\_\_\_\_ District # \_\_\_\_\_
at a nominating convention held on \_\_\_\_\_, 20\_\_ Location: \_\_\_\_\_

Sign your correct and proper name

Telephone number (optional)

Date of Birth \_\_\_\_\_

E-mail Address (Optional)

Web Page Address (Optional)

Form must be notarized if it is not completed in the Department of Elections office. Candidates for Statewide Offices are to file at the State Election Commissioner's Office, and all other candidates should file at the respective Department of Elections Office for their county of residence. Candidate Filing Forms are considered Public Information under the Freedom of Information Act.

For Office Use Only

Please print name as it will appear on ballot.

Date Received \_\_\_\_\_

Received by \_\_\_\_\_

Party Certification

I, \_\_\_\_\_, Party Secretary
affirm that information contained herein is true and
authorized by the party executive committee.

Signature of Party Secretary

Notary Information

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date