



STATE OF DELAWARE  
DEPARTMENT OF ELECTIONS

## CANDIDATE BALLOT NAME FORM

Dear Candidate:

The Department wishes to confirm how you would like your name to appear on the ballot. Please be advised that candidate names will not appear on the ballot with a Title (e.g., Dr., Col., Esq., etc.) either preceding or following their name. Below are your options (you may only choose one of the following by marking an "X" in the space provided):

\_\_\_\_\_ **If you want your name to appear on the ballot exactly as it appears on your Candidate Filing, Party Nomination, or Declaration form.**

\_\_\_\_\_ You may request a shortened form of your full name appear on the ballot. For example, if your full name is **Elizabeth Mary Doe**, you may request **Elizabeth M. Doe** or **E. Mary Doe** appear on the ballot.

\_\_\_\_\_ If you regularly conduct business and are recognized in the community by that name, you may request that name appear on the ballot. For example, if your name is **William Doe** and you are known in your business dealings and in the community as Bill, you may request **Bill Doe** appear on the ballot.

\_\_\_\_\_ If you generally use or are generally known by a nickname that is a generally recognized shortened version of your legal name, you may request that nickname appear with your name on the ballot. For example, if your full name is **Elizabeth Doe**, and you generally use Lisa as a nickname, you may request **Elizabeth "Lisa" Doe** appear on the ballot.

\_\_\_\_\_ You may request a derivation of your name appear on the ballot. For example, if your full name is **Bernard Doe**, you may request **Bernie Doe** appear on the ballot.

If you wish your name to appear on the ballot differently than it appears on your Candidate Filing Form **within the options described above**, please print it clearly below, review the certification, sign below, have your signature notarized, and return an original executed copy to the Department in person or by mail. No electronic submissions will be accepted.

**Candidate Name as it appears on the Candidate Filing Form, Party Certificate of Nomination Form, Unaffiliated Candidate Declaration Form, or Write-In Candidate Declaration Form (print clearly below):**

\_\_\_\_\_

**Requested Ballot Name (print clearly below):**

\_\_\_\_\_

**Requested Audio Ballot Name Pronunciation (print clearly below):**

Tip: Break the parts of your name up into syllables, CAPITALIZE the part of your name that you want people to emphasize, and put dash marks (-) between the parts of your name.  
(e.g., Douglas = DUG - liss)

**CERTIFICATION:** By selecting an option above, and by completing and returning this request to the Department of Elections, I certify (1) that I have completed this request truthfully and accurately; and (2) that this request is not made to defraud or mislead the public, to misrepresent my identity, or for any other improper or illegal purpose. I understand that the Department of Elections may require me to make a satisfactory showing to support the option that I have selected herein, and that the Department may reject this request at its discretion if a satisfactory showing is not made.

CANDIDATE NAME and OFFICE SOUGHT (print clearly)

***This form will not be deemed complete or submitted unless the Candidate's signature is notarized below.***

Signature of Candidate

Date: \_\_\_\_\_

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY PUBLIC

**Please return this form as soon as possible, but no later than the filing or nomination deadline. If the Department does not receive your completed form by the deadline, your name will appear on the ballot(s) as it appears on your Candidate Filing, Party Nomination, or Declaration form.**

----- For Office Use Only -----

Received by: \_\_\_\_\_ Date: \_\_\_\_\_