Party Certificate of Nomination

All signatures on the Form must be notarized. Parties must submit nominations for Statewide Offices to the Office of the State Election Commissioner and all other nominations to the Department of Elections in the county where the candidate resides. The information on this form is Public Information under the provisions of the Freedom of Information Act.

The _____ Party hereby nominates _____

as a candidate for _____ District _____.
in accordance with 15 Del C. §3301 .

He/she resides at _____
House # *Street* *City* *Zip Code*

_____
Mailing Address if different from residence address

_____ _____ _____
Telephone number (optional) *Email address (optional)* *Website address (optional)*

For minor Parties - the above named candidate was nominated at our nominating convention held on

_____ 20_____ at _____.

I, _____, hereby accept the above nomination. _____
Full name of candidate Candidate's signature

Subscribed and sworn before me this _____ day of _____ 20_____.

_____ My commission expires _____.
Notary

We the Presiding Officer and Secretary of the _____Party hereby affirm that information contained herein is true and authorized by the party executive committee. We are cognizant of the penalties in §3308.

Presiding Officer certification

_____
Full Name

_____
Signature

Subscribed and sworn before me this _____ day

of _____ 20 _____

_____
Notary

My commission expires _____

Party Secretary certification

_____
Full Name

_____
Signature

Subscribed and sworn before me this _____ day

of _____ 20 _____

_____
Notary

My commission expires _____

CFFN019 V1 2014/7/23