

State of Delaware - Affidavit for Absentee Ballot - Primary or Presidential Primary Election Only

Complete Column "1" and Section "A" or "B" as appropriate.

Column "1"

Please print legibly.

Full Name: \_\_\_\_\_

Address of your home in Delaware: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

SSN (optional): \_\_\_\_\_

Political Party

Affiliation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address for ballot if it is different than above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I request a ballot for the following elections:

Primary  Presidential Primary  All elections

NOTE: Public School Elections require a different affidavit.

FOR OFFICE USE ONLY

ED: \_\_\_\_\_ RD: \_\_\_\_\_ Style: \_\_\_\_\_

Mail  In Person  ID: \_\_\_\_\_ Party: \_\_\_\_\_

Date Affidavit Returned: \_\_\_\_\_

Voucher Number: \_\_\_\_\_

Date Ballot Mailed: \_\_\_\_\_

Section "A"

This section **does not** have to be notarized.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I cannot go to my polling place on Election Day for the reason marked below and that the information herein is true.

Check the box to the left **AND** the reason below if you want to be a permanent absentee voter.

Check the appropriate box below:

I am sick, or temporarily or permanently physically disabled. Send my ballot to me by:

mail,  fax, or  email

My business or occupation is providing care to my parent, spouse or child who is living at home and requires constant care.

I am in the public service of the U. S. or the State of Delaware.

I am temporarily residing outside of the U. S. and the District of Columbia.

I am absent from the state because of illness or injury received while serving in the armed forces of the U.S.

I am a member of the U. S. Armed Forces, the American Red Cross, the U. S. O. or the U. S. Merchant Marine.

I am a spouse or dependent residing with or accompanying a person temporarily residing outside the territorial limits of the United States and the District of Columbia.

My expected location on Election Day is:

\_\_\_\_\_

Election Day phone number: \_\_\_\_\_

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

Voter Signature: \_\_\_\_\_

Section "B"

This section **must** be notarized.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my polling place on Election Day for the reason marked below and that the information herein is true.

Check the appropriate box below:

Due to the nature of my business or occupation (to include students).

I am incarcerated.

I am absent from the district while on vacation.

Due to the tenets or teachings of my religion.

My expected location on Election Day is:

\_\_\_\_\_

Election Day phone number: \_\_\_\_\_

Voter Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_

Notary: \_\_\_\_\_

## SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

Disclosure of your social security number is requested so that each individual who is registered to vote is identifiable in an accurate and efficient manner. This disclosure is requested pursuant to 15 Del. C. Section 5503 and 5 U.S.C.A Section 552(a) note (Section 7 of the Privacy Act of 1074). The disclosure of your social security number is voluntary. If you choose not to disclose your social security number, you will be assigned a nine (9) digit identifying number during the processing of your registration.

Your social security number is used as necessary for administrative purposes relating to voting, including to identify you as a registered voter, to insure no individual is registered in more than one place, to verify address, voting districts, and other information and may be used for any other lawful purpose. The registration application containing your social security number will become part of the registration records of your county.

If the reason you want to vote by absentee ballot is in Section "A," complete Column "1" and Section "A" and then return the affidavit to the Department of Elections office in your county.

If the reason you want to vote by absentee ballot is in Section "B," complete Column "1" and Section "B," sign the affidavit in front of a notary, have it notarized and then return it to the Department of Elections for your county.

**If you return the affidavit by mail, put it in an envelope and send it to the Department of Elections office in your county.**

### Kent County Office

**Mail:** Dept of Elections - Kent County Office  
PO Box 699  
DOVER DE 19903-0699

**Phone:** (302) 739-4498

**Email:** [absenteekc@state.de.us](mailto:absenteekc@state.de.us)

**FAX:** (302) 739-4515

**WEB Page:** <http://electionskc.delaware.gov>

**Facebook:** <http://tinyurl.com/KentElectionsDE>

### New Castle County Office

**Mail:** Dept of Elections - New Castle County Office  
PO Box 7079  
WILMINGTON DE 19803-0079

**Phone:** (302) 577-3464

**Email:** [absentee@state.de.us](mailto:absentee@state.de.us)

**FAX:** (302) 577-6545

**WEB Page:** <http://electionsncc.delaware.gov>

**Twitter:** <https://twitter.com/NCCElectionsDE>

**Facebook:** <https://www.facebook.com/doencc>

### Sussex County Office

**Mail:** Dept of Elections - Sussex County Office  
PO BOX 457  
GEORGETOWN DE 19947-0457

**Phone:** (302) 856-5367

**Email:** [absenteesc@state.de.us](mailto:absenteesc@state.de.us)

**FAX:** (302) 856-5082

**WEB Page:** <http://electionssc.delaware.gov>

**Facebook:** <http://tinyurl.com/doesussex>