



To: Department of Elections for Kent County
Department of Elections for New Castle County
Department of Elections for Sussex County

Title of Party \_\_\_\_\_

Address of Party \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

Website \_\_\_\_\_

Presiding Officer

Name \_\_\_\_\_

Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Secretary

Name \_\_\_\_\_

Residence \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

I certify the above is a true designation to be used throughout the State.

\_\_\_\_\_  
SIGNATURE OF SECRETARY

\_\_\_\_\_  
DATE

For Office Use Only

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

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

Notary Information

Subscribed and sworn to before me on the following date:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

Attach figure or device
and e-mail computer graphic file to:
coe\_vote@state.de.us