



**Affidavit to Change Candidate's Political Party Affiliation**

All signatures on this form must be notarized. Parties must submit this completed form and the Certificate of Nomination for Statewide Offices to the Office of the State Election Commissioner and all other offices to the county office of the Department of Elections where the candidate resides. The information on this form is public information under the provision of the Freedom of Information Act.

**Affidavit by State and County Party Chairs**

\_\_\_\_\_ has asked or agreed to be a candidate for the office of \_\_\_\_\_ District \_\_\_\_\_ for the \_\_\_\_\_ Party in the \_\_\_\_\_ General Election. We hereby declare that we want the above named person to be a candidate for the above stated office representing our party.

**State Chair Certification**

**County Chair Certification**

\_\_\_\_\_  
FULL NAME  
\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
FULL NAME  
\_\_\_\_\_  
SIGNATURE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY

\_\_\_\_\_  
NOTARY

My commission expires \_\_\_\_\_

My commission expires \_\_\_\_\_

**Affidavit by the Candidate**

Pursuant to Del Code Title 15 § 2049 (c), I, \_\_\_\_\_, hereby request to change my political party affiliation to \_\_\_\_\_, in order to run as their candidate for the office of \_\_\_\_\_ District \_\_\_\_\_ in the \_\_\_\_\_ General Election.

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY My commission expires \_\_\_\_\_