Registration Checklist

- ☑ Step 1: Read these instructions thoroughly.
- Step 3: Review the Application to make sure all information is correct.
- ☑ Step 4: Sign the Application.

VOTE.DE.gov

Delaware's Voter Portal and Absentee Services



- Register to Vote
- Check the status of your application
- ▶ Request an Absentee Ballot
- And much more...

State of Delaware Department of Elections

Voter Registration Instructions



Important Information

In order to vote in the State of Delaware, you must first be registered. You may register to vote by completing an application online at https://ivote.de.gov or by contacting the Department of Elections Office for your

county during normal
business hours. Deadlines
for submitting voter
registration applications
can be obtained by calling
the Department of
Elections Office for your
county or by visiting the

You must register to be able to vote.

Office of the State Election Commissioner's website at https://elections.delaware.gov.

If you submit your application and it is the first time you have registered in Delaware, you must submit with the application, a copy of a current and valid photo identification or a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and address. If you do not include a copy of the required identification documentation, you must provide it the first time you vote in a federal election.

You will receive a Polling Place card, which is confirmation that your application was processed, within 10 days after the Department of Elections Office for your county receives it. If you do not receive a Polling Place Card within 14 days of when you submit your application, contact the Department of Elections Office for your county. If your application is incomplete or otherwise unacceptable, the Department of Elections Office for your county will return it to you with an explanation.

OFFICE LOCATIONS

Office of the State Election Commissioner 905 S Governors Ave Ste 170 Dover DE 19904 Phone: (302) 739-4277 https://elections.delaware.gov

Kent County 100 Enterprise Place Ste 5 Dover DE 19904 Phone: (302) 739-4498 https://electionskc.delaware.gov

New Castle County
Carvel State Office Building
820 N French St 4th Fl
Wilmington DE 19801
Phone: (302) 577-3464
https://electionsncc.delaware.gov

Sussex County 119 N Race St PO Box 457 Georgetown DE 19947 Phone: (302) 856-5367 https://electionssc.delaware.gov

READ THE FOLLOWING:

You must be registered in order to vote in the State of Delaware. You may register to vote if you:

- Are a citizen of the United States. AND
- Are a resident of Delaware (Delaware is your home), AND
- Will be 18 years old on or before the date of the next General Election.

You may **not** register to vote in Delaware if you:

- Have been adjudged mentally incompetent. Adjudged mentally incompetent refers to a specific finding in a judicial guardianship or equivalent proceeding, based on clear and convincing evidence that the individual has a severe cognitive impairment which precludes exercise of basic voting judgment; OR
- Were convicted of a felony and have not completed your sentence. OR
- Were convicted of a disqualifying* felony and have not been pardoned.
 - *List of Disqualifying Felonies:
 - Murder or manslaughter, (except vehicular homicide);
 - Any felony constituting an offense against public administration involving bribery or improper influence or abuse of office, or any like offense under the laws of any state or local jurisdiction, or of the United States, or of the District of Columbia: or
 - Any felony constituting a sexual offense, or any like offense under the laws of any state or local jurisdiction or of the United States or of the District of Columbia.

State of Delaware All-In-One Form to Register to Vote or Update Your Information Print clearly in blue or black ink.							Use this form to register to vote for the first time, or update your name, addre and/or political party affiliation if you are alreading registered.			
1. Who are you?	or order mit.									
I am a citizen of the If NO, do not continu		□ YES □ I do	□ NO not want to	regis	ter to vo	te at this	s time			
Last name					Suffix (Jr.	, II)				
First name					Birth date (MM/DD/Y			4	/	/
Middle name					DE drivers license or : (see tack)			5		
Social Security Num (see tack)	ber				Political pa	arty affiliatio	on	6		
2. What is your Cl	JRRENT address?									
Street address	7									
Apt/Lot/Unit #	8			Deve	lopment	11				
City/Town	9			State		DE	Zip (Zip Code 1		L2
County	ounty 10				ol district					
3. How can your e Telephone number (optional)	14		Email add (optional)	dress	15	application	n?			
Telephone number	14 ection if you are re		Email add (optional)	dress	15	application	n?			
Telephone number (optional) 4. Complete this s	14 ection if you are re		Email add (optional)	dress	15	application	n?			
Telephone number (optional) 4. Complete this s Previous name/maid Previous address Previous city, county	14 ection if you are re len name /, state, zip code	egister ed to	Email add (optional)	dress	15	application	n?			
Telephone number (optional) 4. Complete this s Previous rame/maid Previous address Previous city, county 5. You must read I hereby swear or I am a citizen of I am a permane I will be 18 year All of the inform I hereby authori	14 ection if you are re len name ,, state, zip code and sign this state	ment. State of De the date of this form	Email add (optional) o vote anywho	ere else	as given a ection, an	bove, dd my knowled	dge.			
Teleshone number (optical) 4. Complete this s Previous address Previous ddress Previous dty, county 5. You must read I hereby swear or I am a citizen of I am a permane I will be 18 year All of the inform I hereby authori	ection if you are re- len name In state, zip code and sign this state affirm that: f the United States int resident of the sold on or before aution about me on	ment. State of De the date of this form any previous	Email ad (optional) o vote anywho	e addres	as given a ection, an	bove, id ny knowled (MM)		ate (Y)	1:	B WFM007 v2.0 2/1
Telephone number (optional) 4. Complete this s Previous rame/maid Previous address Previous city, county 5. You must read I hereby swear or I am a citizen of I am a permane I will be 18 year All of the inform I hereby authoric	ection if you are re- len name In state, zip code and sign this state affirm that: the United States in resident of the sold on or before ation about me on ize cancellation of	ment. State of De the date o this form any previous sase may be pursued.	Emeil ad (optional) of vote anywhole anywhole anywhole anywhole anywhole anywhole any	e addressere else	ass given a section, and best of n	bove, id ny knowled (MM)	dge. av's da	ate (Y)	1	
Teleshone number (optional) 4. Complete this s. Previous anderss Previous address Previous dity, county 5. You must read. I hereby swear or I am a citizen of I am a permane I will be 18 year All of the inform I hereby authoric Sign here This information is for official to FOR DEPARTMEN.	ection if you are re- len name /, state, zip code and sign this state affirm that: f the United States n't resident of the sold on or before action about me on ize cancellation of // Agency, Or Po ive Signature(s)	ment. State of De State of De The date o this form any previous	Email ad (options) o vote anywho	ere else	ass given a section, an best of n	bove, id iny knowled (MMA)	dge. av's da	(Y)		VRFM007 v2.0 2/1
Telephone number (optional) 4. Complete this s Previous name/maid Previous address Previous dty, county 5. You must read I hereby swear or I am a citizen of I am a permane I will be 18 year All of the inform I hereby authori Sign here Thes information is for efficial of FOR DEPARTMEN	ection if you are re- len name /, state, zip code and sign this state affirm that: f the United States n't resident of the sold on or before action about me on ize cancellation of // Agency, Or Po ive Signature(s)	ment. State of De the date o this form any previous sase may be pursued.	Emeil ad (optional) of vote anywhole anywhole anywhole anywhole anywhole anywhole any	ere else	ass given a section, and best of n	bove, id ny knowled (MM)	dge. av's da	(Y)	1.	VRFM007 v2.0 2/1

FIGURE 1

WARNING! If you register to vote even though you know you are not eligible, you can be fined between \$50.00 - \$200.00 or imprisoned for 30 days to two years, or both.

YOU MUST REGISTER TO BE ELIGIBLE TO VOTE

Please read all the information at the top and back of the Voter Registration Application thoroughly. Any application that is incomplete or illegible will be returned to you. If you make a mistake on the application, completely cross out the incorrect information and write in the correct information.

After completing the application, return it to the Department of Elections for your county or to the Office of the State Election Commissioner.

COMPLETING THE APPLICATION

Please print using blue or black ink only. Read all information at the top of the voter registration application and on the back of the application.

BOX 1 CITIZENSHIP: The answer to this question is mandatory and required by law. If it is not answered, your application will not be processed. If you are not a citizen of the United States, then you may not register to vote in the State of Delaware. If you are a United States citizen, then check the YES box and initial it.

BOX 2 COMPLETE NAME: The answer to this question is mandatory. If it is not answered, your application will not be processed. Be sure your complete last, first and middle names are provided. Include any suffixes (Jr., Sr., II, III, etc.) if necessary.

BOX 3 SOCIAL SECURITY NUMBER: Your Social Security Number is not mandatory, however, it does help to identify you, prevent fraud and ensure there are no duplicates in the voter registration process. If you provide it, your Social Security Number will be kept confidential; the Department of Elections does not give these numbers out to anyone. If you do not wish to supply your entire Social Security Number, you can supply the last four digits of the number.

BOX 4 DATE OF BIRTH (MONTH/DAY/YEAR): The answer to this question is mandatory. If it is not answered, your application will not be processed. Enter your date of birth as MM/DD/YYYY. For example, May 9, 1953 is entered as 05/09/1953.

BOX 5 DELAWARE DRIVER'S LICENSE OR DELAWARE ID:

Indicate your current, valid Delaware driver's license number or Delaware identification card number. If you do not provide a Social Security number in Box 3, you must provide a Delaware driver's license number or a State of Delaware identification number.

BOX 6 POLITICAL PARTY AFFILIATION: The answer to this question is mandatory. If it is not answered, your application will not be processed. Applicants should be informed that only Democrats and Republicans can vote in primary elections in Delaware. All party affiliations must be initialed by the applicant.

If the party choice is Democrat or Republican, the registrant should write in Democrat or Republican.

If the registrant does not wish to declare a political party, "No Party Affiliation" should be written in the box. NOTE: In this case, the applicant is classified as an "Independent" and not associated with any political party.

If the registrant wishes to declare any other political party (Green Party, Libertarian, etc.), they should write the complete name of the party in the box. NOTE: If the registrant is affiliated with the Independent Party of Delaware (different than no party affiliation), indicate the choice by writing IND Party DE in the box. Be sure to make the distinction between this party and someone who wishes to register as an Independent.

BOX 7 PHYSICAL ADDRESS: The answer to this question is mandatory. If it is not answered, your application will not be processed. This information determines your voting district and where you will vote on Election Day, so it must be answered as specifically as possible. Absolutely no post office boxes can be listed as an address. Enter your permanent, physical residence in this box.

BOX 8 APARTMENT OR MOBILE HOME COMMUNITY LOT

NUMBER: The answer to this question is mandatory. If you live in an apartment or mobile home community, the apartment or lot number must be entered here. If you have a building number, that information should be entered here. If you do not live in an apartment or mobile home community, write N/A in this box.

BOX 9 CITY: The answer to this question is mandatory. If it is not answered, your application will not be processed.

BOX 10 COUNTY: Indicate your primary place of residence–New Castle (NC), Kent (K) or Sussex (S) County.

BOX 11 HOUSING DEVELOPMENT, APARTMENT COMPLEX, MOBILE HOME COMMUNITY: If applicable, enter the name of your housing development, apartment complex or mobile home community here. If you do not live in an apartment complex, housing development or mobile home community, write N/A in this box.

BOX 12 ZIP CODE: The answer to this question is mandatory. If it is not answered, your application will not be processed. Enter the zip code where you physically reside on a permanent basis.

BOX 13 MAILING ADDRESS: If applicable, provide the complete mailing address (Street or PO Box address, city, state, zip) if you receive mail at a place other than the physical address given in BOX 7-12. If the mailing address is the same as the physical address, write SAME in this box.

BOX 14-15 TELEPHONE NUMBER AND EMAIL ADDRESS:

Your home telephone number and email address are optional. However, if a problem occurs or something is unclear about your voter registration application, it is helpful to have a telephone number or email address to contact you. If it is not possible to list your home phone number, a cell phone number with the correct area code may be listed here.

BOX 16 COMPLETE THIS SECTION IF YOU ARE REGISTERED TO VOTE ANYWHERE ELSE:

If you have previously registered to vote and made changes, this section is mandatory. If the information is not provided, your application will not be processed. Complete this box if you have previously registered to vote and made a name change, address change or if you have moved into the State of Delaware (in this case, you must cancel your registration in your old State). If you were registered out of State and now want to be registered to vote in the State of Delaware, you must provide your complete previous out of State address, including the county, in this box. If you have previously registered to vote and wish to do a party change, simply indicate your new party choice in Box 6. Be aware that there are open and closed periods for party changes.

BOX 17 SIGNATURE: The answer to this question is mandatory. If it is not answered, your application will not be processed. **Before signing your application, check it for legibility and accuracy.** If you cannot sign your name, you may sign the application with an "X" and have someone certify in the "Remarks" space that you made your mark. NOTE: You will be required to sign your name or make your mark at the polls before voting.

BOX 18 DATE COMPLETED: Write the date on this field once you have completed and signed your voter registration application.