

STATE OF DELAWARE CANDIDATE FILING FORM

For Candidates filing for President & Vice President

Date _____

I, _____, residing at the
Please type or print your correct and proper name.

House# Apt./Unit# Street City Zip Code

Mailing address if different from home address

hereby file as a candidate of the _____ Party

for the Office of _____.

This Candidate Filing Form must be notarized. The Department will notarize the form if it is completed by the Candidate and signed by the Candidate in the presence of the Notary Public. Candidates for Statewide Offices are required to file at the State Election Commissioner's Office. Candidate Filing Forms are considered public records and are subject to disclosure under the State of Delaware Freedom of Information Act.

Sign your correct and proper name

For Office Use Only

Please print name as it will appear on ballot.

Date Received _____

Received by _____

Notary Information

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date

Candidate Contact Information Section

Candidate: Please complete the information below and indicate whether you would like your information posted to the Department's website for voter information. If you choose not to have the information published on our website, your information will only be used for internal communications between you and the Department.

Residential Address

Residential Address		
Would you like your residential address published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Mailing Address

Mailing Address		
Would you like your mailing address published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Email Addresses

Email Address #1		
Would you like your email address #1 published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Email Address #2		
Would you like your email address #2 published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Phone Numbers

Phone Number #1		
Would you like your phone number #1 published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Phone Number #2		
Would you like your phone number #2 published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Candidate Website URL

Website		
Would you like your website URL published on the Department's website?	YES <input type="checkbox"/>	NO <input type="checkbox"/>