

STATE OF DELAWARE CANDIDATE FILING FORM

For Candidates for Statewide office, General Assembly, and any elected County office

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 _____ District (if applicable) _____.

In accordance with newly enacted Delaware law effective January 1, 2024, I understand that I am required to obtain a criminal history background check from the State Bureau of Identification ("SBI") after January 1, 2024, in conjunction with the filing of this Candidate Filing Form and submit proof of my request to the Department of Elections at the time of filing. This background check will be provided to the Commissioner to determine my qualifications to hold public office under Section 21, Article II of the Delaware Constitution.

I further understand that if I have been convicted of embezzlement of public money, bribery, perjury, or other infamous crime, I may not be qualified under Section 21, Article II of the Delaware Constitution to be a candidate for election to public office. I understand that the information received by the Commissioner from the SBI is not a public record, as defined by Chapter 100 of Title 29, and is not subject to public disclosure.

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, and all other candidates should file at the respective Department of Elections Office in their county. 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 _____

Check # _____

Total Filing Fee _____

Notary Information

Subscribed and sworn to before me on the following date:

Notary Public Signature

Date


Please Copy Filing Fee Check Below


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 | | |
| 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 | | |
| Mailing Address | | |

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

Email Addresses

| | | |
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| 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 | | |
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| | | |
|---|------------------------------|-----------------------------|
| 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"/> |
|--|------------------------------|-----------------------------|