STATE OF DELAWARE
CANDIDATE FILING FORM

Date ________________________________________

I, ____________________________________________, residing at the following address

Please type or print your correct and proper name

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

House #                                                   Street                                                        City                                                   Zip Code

_________________________________________________________________________________________________________

Mailing address if different from home address

hereby file as a candidate of the _____________________________________________ __________________ Party for the Office

of ______________________________________________________________________ District # ________________________

___________________________________________________________       __________________________________________

Sign your correct and proper name  Telephone number (optional)

__________________________________________________________     _________________ ________________________

E-mail Address (Optional)                       Web Page Address (Optional)

Form must be notarized if it is not completed in the office. Candidates for Statewide Offices are to file at the
State Election Commissioner’s Office, and all other candidates should file at the respective Department of
Elections Office for their county. Candidate Filing Forms are considered Public Information under the Freedom
of Information Act.

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 Check Below