



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