

STATE OF DELAWARE CANDIDATE FILING FORM

For Candidates filing before JANUARY 1, 2024 for Statewide office, General Assembly, and any elected County office

This form is for use until January 1, 2024

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 will be 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 will submit proof of my request to the State Election Commissioner. 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.

Sign your correct and proper name Telephone Number (Optional)

Email Address (Optional) Website Address (Optional)

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.

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

STATE OF DELAWARE CANDIDATE FILING FORM

For Candidates filing before JANUARY 1, 2024 for Statewide office, General Assembly, and any elected County office

Please Copy Check Below
