



To: Department of Elections for Kent County
Department of Elections for New Castle County
Department of Elections for Sussex County

Title of Party _____

Address of Party _____ Phone _____

_____ FAX _____

Website _____

Presiding Officer

Name _____

Residence _____ Phone _____

Secretary

Name _____

Residence _____ Phone _____

I certify the above is a true designation to be used throughout the State.

SIGNATURE OF SECRETARY

DATE

For Office Use Only
Date Received _____
Received by _____

Notary Information
Subscribed and sworn to before me on the following date:

Notary Public Signature

Date

Attach figure or device
and e-mail computer graphic file to:
coe_vote@delaware.gov