PETITION

FOR PRESIDENTIAL CANDIDATE TO SECURE BALLOT STATUS

CANDIDATE NAME AND OFFICE SOUGHT:

PARTY:

By dating and affixing my printed name and signature to this petition, I hereby swear and affirm that 1) my full name, address at which registered, and Social Security Number (if supplied) are as stated herein; 2) I am a duly registered elector residing in the County stated below; 3) I desire that the Candidate listed above shall have his or her name listed on the ballot for the Election; 4) the date entered opposite my signature is the date on which I signed this petition; and 5) I have read and understand this paragraph, and I understand that by intentionally entering false information hereon, I shall be subject to prosecution for perjury.

NOTE: Disclosure of your Social Security Number on this petition is voluntary. Your signature will not be disqualified for failure to supply your number. Until the petition is turned over to the State of Delaware, the State has no control over any uses made of it. Once in the control of the State, your Social Security Number derived from this petition will be used only for administrative purposes relating to voting, including identifying you as a registered voter, preventing duplication of names on petitions and verifying your address and other information.

#	**Signature and Printed Name** (Sign and Print your Full Name as you are Registered)	**Print your Complete Address and Zip Code**	**Social Security or Voter ID # (Optional)**	**County of Residence**	**Date Signed**
1					
2					
3					
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I witnessed the placing of each signature on this petition and, to the best of my knowledge and belief, all persons who signed this petition were duly registered voters of the County involved. In addition, I understand that by intentionally entering false information hereon I shall be subject to prosecution for perjury.

SIGNATURE OF WITNESS ADDRESS OF WITNESS

Sworn before me this _____ day of _____, 20 _____.

NOTARY PUBLIC COUNTY