

State of Delaware - Department of Elections

Request for Vote by Mail Ballot

Please review **INSTRUCTIONS FOR REQUESTING A VOTE BY MAIL BALLOT** on the reverse side, and then in the sections below, complete the Voter Information Section, choose the elections for which you want a vote by mail ballot, enter your information for one of the required forms of identification, read the affirmation, date, and sign this application, and then return it to the Department of Elections.

Voter Information

Full Name _____

Birth Date (MM/DD/YYYY): _____ Political Party Affiliation _____

House or Apt. # and Street _____ City _____ Zip Code _____

Phone # _____

Email Address: _____

(OPTIONAL — used to update you with the status of your application and ballot).

Address where you want your mail in ballot sent *(if different from above)*: _____

SELECT THE ELECTION(S) FOR WHICH YOU ARE REQUESTING A VOTE BY MAIL BALLOT

- Primary Election (9/13/2022)
- General Election (11/8/2022)
- Special Election occurring on or before 12/31/22
- All of the above elections

NOTE: If no choice is made, you will be sent a ballot for all elections occurring in 2022 in which you are eligible to vote.

IF YOU ARE A VOTER WHO IS SICK OR PHYSICALLY DISABLED, YOU MAY INSTEAD WISH TO REQUEST AN ABSENTEE BALLOT, WHICH WILL ALLOW YOU TO RECEIVE AND RETURN YOUR ABSENTEE BALLOT ELECTRONICALLY (VIA FAX, MAIL, OR EMAIL)

IF YOU REQUIRE THOSE DELIVERY OPTIONS.*
(IF SO, THERE IS NO NEED TO COMPLETE AND RETURN THIS VOTE BY MAIL APPLICATION).

You may request for an absentee ballot online at: <https://ivote.de.gov/VoterView>, at <https://elections.delaware.gov/>, or by contacting your county elections office (see contact information on the reverse side).

* 15 Del. C. § 5502(4), 5503(l) & 5525

REQUIRED IDENTIFICATION FOR VOTE BY MAIL BALLOT

You **MUST** complete **ONE** of the following fields in order to receive a Vote by Mail ballot:

Last 4 digits of your Social Security Number: _____ OR

State of Delaware Issued Driver License Number: _____ OR

State of Delaware Issued Non-Driver Identification Card Number: _____

REQUIRED VOTER SIGNATURE & DATE

I solemnly swear or affirm, under penalty of perjury, that I am eligible to vote in the Election(s) for which I have requested a Vote By Mail Ballot, that I personally have completed this request form, and that all information I have provided on this form is true and accurate.

Signature

Date

INSTRUCTIONS FOR REQUESTING A VOTE BY MAIL BALLOT

On the front side of this application:

- Complete the Voter Information section;
- Choose the 2022 election(s) for which you want a vote by mail ballot;
- Provide ONE of the required forms of personally identifiable information;
- Read the affirmation;
- Date and sign the form;
- Email, FAX, or mail the completed application to the Department of Elections' Office in the County where you live so that it is **received no later than 7 days** before the day of the election.

Your request is effective for 2022 elections you select on front of this application.

You can also complete and submit this form at: <https://ivote.de.gov>.

COUNTY ELECTIONS OFFICES - CONTACT INFORMATION

Kent County

Department of Elections - Kent County Office
PO Box 699
DOVER DE 19903-0699

Phone: (302) 739-4498

FAX: (302) 739-4515

email: votebymailkc@delaware.gov

Facebook: <https://facebook.com/DoE.Delaware>

Website: <https://elections.delaware.gov>

New Castle County

Department of Elections - New Castle County Office
PO Box 7079
WILMINGTON DE 19803-0079

Phone: (302) 577-3464

FAX: (302) 577-6545

email: votebymailncc@delaware.gov

Facebook: <https://facebook.com/DoE.Delaware>

Website: <https://elections.delaware.gov>

Sussex County

Department of Elections - Sussex County Office
PO Box 457
GEORGETOWN DE 19947-0457

Phone: (302) 856-5367

FAX: (302) 856-5082

email: votebymailsc@delaware.gov

Facebook: <https://facebook.com/DoE.Delaware>

Website: <https://elections.delaware.gov>