

State of Delaware – Request for Absentee Ballot – Public School Elections

Complete and sign this form

Revised: 4/21/2021

School District: _____

Election Date: _____

Please print legibly

Full name: _____

Address: _____

Date of birth: _____

Phone number: _____

Email: _____

Mail my ballot to this address, not to the one above:

For Office use only

Ballot type: _____

Mail In-person ID: _____

Date affidavit mailed: _____

Date affidavit returned: _____

Voucher number: _____

Date ballot mailed: _____

Date ballot returned: _____

Affirmation

I do solemnly swear or affirm, under penalty of perjury, that the information contained herein is true and correct in every particular and that I am unable to go to a polling place during the forthcoming election for the reason checked below:

- I am in the public service of the US or the State of Delaware, or a citizen of the US temporarily residing outside the territorial limits of the US and the District of Columbia, or such person's spouse or dependent when residing with or accompanying the person, or am absent from this State because of illness or injury received while serving in the armed forces of the US.
- I am in the armed forces of the US, the Merchant Marine of the US, attached to and serving with the armed forces of the US in the American Red Cross or United Service Organizations.
- Due to the nature of my business or occupation (includes students), including the business or occupation of providing care to my parent, spouse, or child who is living at home and requires constant care due to illness, disability, or injury.
- I am sick or physically disabled.
- I am absent from the district while on vacation.
- I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.

I further swear or affirm, under penalty of perjury, that:

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am 18 years old or older,
4. I reside within the geographic boundaries of the school district, and
5. I will not vote or attempt to vote at a polling place on the day of the election.

My expected location on Election Day: _____

My Election Day phone number: _____

Signature: _____

Date: _____

State of Delaware – Request for Absentee Ballot – Public School Elections

How to fill out the form

1. Fill out the top left part of the form with your School District and Election Date.
2. Enter your name, address and date of birth. You may include your phone number and email address in case your county elections office needs to contact you.
3. If you need your ballot mailed to an address that is different from where you live, please indicate your mailing address in the “Mail my ballot to” box.
4. Pick the reason you need to vote absentee in the “Affirmation” section.
5. Fill in where you will be and your phone number on Election Day.
6. Sign and date the application.
7. Send the completed form to your county elections office. Contact information for these offices is in the next column.
8. Your county elections office will mail your ballot when it is ready.
9. Call or email your county elections office if you need help.

Where to send it

Department of Elections – Kent County Office

PO BOX 699

Dover DE 19903-0699

Phone: (302) 739-4498

FAX: (302) 739-4515

Email: absenteekc@delaware.gov

Department of Elections – New Castle County Office

PO BOX 7079

Wilmington DE 19803-0079

Phone: (302) 577-3464

Fax: (302) 577-6545

Email: absentee@delaware.gov

Department of Elections – Sussex County Office

PO BOX 457

Georgetown DE 19947-0457

Phone: (302) 856-5367

Fax: (302) 856-5082

Email: absenteesc@delaware.gov

Important: Email, fax or mail the completed application to the Department of Elections Office in the County where you live **NO LATER THAN 4 DAYS BEFORE THE ELECTION.**