Complete and sign this form

School District: Election Date: Please print legibly	<u>Affirmation</u> 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:	
Full name: Address:	 (1) I am in the public service of the United States or the State of Delaware, or I am a Citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or such person's spouse or dependent when residing with or accompanying such person, or absent from this State because of illness or injury while serving the Armed Forces of the U.S. (2) I am in the Armed Forces of the U.S. or the Merchant Marine of the U.S., or attached to and serving with the Armed Forces of the U.S. in the American Red Cross or United Service Organizations. 	
Date of birth: Phone number: Email:	 (3) Due to the nature of my business or occupation. This reason includes: 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; students; and otherwise eligible persons who are incarcerated. 	
Mail my ballot to this address, not to the one above:	 (4) I am sick or physically disabled (temporarily or permanently). (5) I am absent from the district while on vacation. (6) I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion. (7) I am otherwise authorized pursuant to the federal Uniformed and Overseas Citizens Absentee Voting Act (UOCAVA) to vote by absentee ballot. 	
For Office use only Ballot type: Mail In-person ID: Date request sent: Date request sent: Date request returned: Ballot number: Date ballot sent: Date ballot returned:	 1. Tam a citizen of the United States, 2. Lam a resident and citizen of the State of Delaware, 3. Lam 18 years old or older, 4. Lreside within the geographic boundaries of the school district, and 5. Lwill not vote or attempt to vote at a polling place on the day of the election. My expected location on Election Day:	
	Signature: Date:	

Revised: 3/28/2023

State of Delaware – Request for Absentee Ballot – Public School Elections		
	How to fill out the form	Where to send it
1.	Fill out the top left part of the form with your School District and Election Date.	Department of Elections – Kent County Office
2.		PO BOX 699 Dover DE 19903-0699
	may include your phone number and email address	Phone: (302) 739-4498
	in case your county elections office needs to	FAX: (302) 739-4515
	contact you.	Email: absenteekc@delaware.gov
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.	Department of Elections – New Castle County Office PO BOX 7079
4.	Pick the reason you need to vote absentee in the	Wilmington DE 19803-0079
	"Affirmation" section.	Phone: (302) 577-3464
5.	Fill in where you will be and your phone number on	Fax: (302) 577-6545
	Election Day.	Email: absenteencc@delaware.gov
6. 7.	Sign and date the request form. Send the completed form to your county elections office. Contact information for these offices is in the next column.	Department of Elections – Sussex County Office PO BOX 457 Georgetown DE 19947-0457
8.	Your county elections office will mail your ballot when it is ready.	Phone: (302) 856-5367 Fax: (302) 856-5082
9.	Call or email your county elections office if you need help.	Email: absenteesc@delaware.gov

Important: Email, fax, or mail the completed request form to the Department of Elections Office in the County in which you live NO LATER THAN NOON 4 DAYS BEFORE THE ELECTION.