



Party Certificate of Nomination

All signatures on this Form must be notarized. Parties must submit nominations for Statewide Offices to the Office of the State Election Commissioner and all other nominations to the Department of Elections in the county where the candidate resides. The information on this form is Public Information under the provisions of the Freedom of Information Act.

The _____ Party hereby nominates _____

as a candidate for _____ District _____
in accordance with 15 Del C. §3301 .

Candidate resides at _____
House # Street City Zip Code

Mailing Address if different from residence address

Telephone number (optional) Email address (optional) Website address (optional)

For minor Parties - the above named candidate was nominated at our nominating convention held on
_____ 20 ____ at _____

I, _____, hereby accept the above nomination. _____
Full name of candidate Candidate's signature

Subscribed and sworn before me this _____ day of _____ 20 ____.

My commission expires _____
Notary

We the Presiding Officer and Secretary of the _____ Party hereby affirm that information
contained herein is true and authorized by the party executive committee. We are cognizant of the penalties in §3308.

Presiding Officer certification

Party Secretary certification

Full Name

Full Name

Signature

Signature

Subscribed and sworn before me this _____ day

Subscribed and sworn before me this _____ day

of _____ 20 ____

of _____ 20 ____

Notary

Notary

My commission expires _____

My commission expires _____