



**State of Delaware
Department of Elections
Voter Registration File Request**

FOR OFFICE USE ONLY

Amount Paid: _____ Rec. By: _____
CFID #: _____ IRTS #: _____

1. Requestor *(Must be a Delaware Resident; Delaware is your home)*

Full Name: _____
Residential Address: _____
Phone: _____ Email: _____

2. Requestor Type *(Select one)*

Major/Minor Political Party Candidate Public
 General Assembly; State Agencies; County or Local Government

3. Organization Information *(Required when requesting on behalf of an organization)*

Name of Entity: _____
Address: _____
Phone: _____ Company Contact: _____

4. Delivery Information *(Select one)*

Pick up Ship to: _____

5. Payment Information *(Select one. Cost per request is \$25, plus \$3 for shipping, if applicable.)*

Check# _____ (Payable to State of Delaware) Cash (In person submission only)
 Money Order # _____ No Cost (See Title 15, Chapter 3, §304(e))

6. Ordering Notes *(Read Notes)*

- Allow up to 10 business days upon receipt of request ▪ Limit of 1 active request at a time
- Delaware Code, Title 15, Chapter 3, §304(h): Files and lists provided to members of the General Assembly and State agencies or county or local governments pursuant to subsection (f) of this section shall include voter names, addresses, political party affiliation, voting history, telephone numbers, and dates of birth. Files and lists provided to major and minor political parties pursuant to subsections (a) through (d) of this section and to candidates for elective office pursuant to subsection (e) of this section shall be limited to voter names, addresses, political party affiliations, voting history, legislative district information, telephone numbers, and years of birth. Files and lists provided to the public shall be limited to voter names, addresses, political party affiliations, voting history, legislative district information, and years of birth.

7. Affirmation *(Read Statement and Sign Oath)*

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

- I am a citizen of Delaware. Delaware is my home.
- The Voter Registration information and any accompanying documents received as part of this request will **not** be used for commercial solicitation or for any other purpose not related to the electoral process, or make the information available to the public or third parties or publish or republish the information in a way that allows it to be used in that manner.
- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Sign here



**Today's date
(MM/DD/YYYY)**

[HTTPS://IVOTE.DE.GOV](https://ivote.de.gov)

STATE ELECTION COMMISSIONER 905 S GOVERNORS AVE STE 170 DOVER DE 19904 PHONE: (302) 739-4277	NEW CASTLE COUNTY OFFICE CARVEL STATE OFFICE BLDG 820 N FRENCH ST STE 400 WILMINGTON DE 19801 PHONE: (302) 577-3464	KENT COUNTY OFFICE 100 ENTERPRISE PL STE 5 DOVER DE 19904 PHONE: (302) 739-4498	SUSSEX COUNTY OFFICE 119 N RACE ST PO BOX 457 GEORGETOWN DE 19947 PHONE: (302) 856-5367
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