



**State of Delaware
Department of Elections
Absentee Data Request**

Please submit request to
**State Election Commissioner's
Office** using one of these options:
Email: COE_Vote@delaware.gov
Fax: (302) 739-6794
Mail or In-person:
905 S Governors Ave, Ste 170
Dover, DE 19904

FOR OFFICE USE ONLY

Amount Paid: _____ Rec. By: _____

CFID #: _____ IRTS #: _____

Use this form to request historical absentee voting data.

1. Requestor

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. Election (Select one)

- Presidential Primary Election State Primary Election General Election
- Special Election, Specify: _____
- School Board Election, Specify School District: _____
- School Referenda, Specify School District: _____
- Remarks: _____

5. Notes (Read Notes)

- Limit of 1 active request at a time.
- Data will be sent via secure email.
- 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.

6. Affirmation (Read Statement and Sign Oath)

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

- The Absentee 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

X

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

<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