

TOWN OF OCEAN VIEW Voter Registration

Please Print in Ink or Type

Applicant			
Last Name	First Name	Middle Name or Initial	Suffix
Residence Address		Subdivision	
Mailing Address (If Different)		Check one Owner <input type="checkbox"/> Renter <input type="checkbox"/>	
Phone Number (optional)	Email Address (optional)		
Date Ocean View Residency Began	Date of Birth		
<p>I, hereby swear or affirm that I am a citizen of the United States and have been a resident of the Town of Ocean View since the date indicated above and that all information provided above by me is true and correct to the best of my knowledge.</p> <p>Signature of Applicant : _____ Date: _____</p>			

Note: This form must be completed in its entirety and returned by the Applicant in person or by mail to the Town's administrative offices at 201 Central Avenue.

Forms downloaded from the Town's website and either hand delivered or mailed to the administrative offices must have proof of identity and address attached. A Delaware Driver's License is the preferred proof of identity.

Please note that you will be required to present a valid ID before you are entitled to vote in any election.

For Town Use Only				
ID verified				PIDN
Form of ID (check one)				-
_____	_____	_____	_____	
Driver's License	Photo ID	Birth Certificate	Other (describe)	
Date	By	Comments - Notes		Election District
		Date recorded in Voter Registration Book _____		(Circle one)
				1 2
				3 4

Voting History - For Town Use Only										
Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
General Election										
Special Election										
Referendum										
Other										