

Town of Ocean View

Voter Registration

Please Print

APPLICANT INFORMATION			
Last	First	Middle	Suffix
Residence Address:		Subdivision	
Mailing Address if different:		Owner <input type="checkbox"/> Renter <input type="checkbox"/>	
Email Address:			
Date of Ocean View Residency:	Date of Birth:	DE Lic#:	
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.			
Signature of Applicant _____		Date _____	

Please Note: This form must be completed in its entirety and returned by the applicant in person or by mail to the Town Clerk's office at 201 Central Avenue, Ocean View, DE 19970

Forms obtained from the Town's website and either hand delivered or mailed to the office must have proof of Identity and address attached. A Delaware Driver's license is the preferred proof of identity.

PLEASE NOTE: YOU WILL BE REQUIRED TO PRESENT A VALID ID BEFORE YOU ARE ENTITLED TO VOTE IN ANY ELECTION

TOWN USE ONLY					
Form of ID (Check one)					PIDN
_____	_____	_____	_____	_____	-
Driver's License	Photo ID	Birth Certificate	Other (Describe)	Checked By	Election District
Date	By	Date Recorded in Voter Registration Book _____			1 2
_____	_____	Comments: _____			3 4

Voting History - Town Use Only											
YEAR	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
General											
Special											
Referendum											
Other											