

**State of Delaware - Affidavit for Absentee Ballot - Municipal Election**  
*Complete Column "1" and then complete Section "A" or "B" as appropriate.*

**Column "1"**

PLEASE PRINT LEGIBLY

Full Name: \_\_\_\_\_

Address which establishes eligibility to vote:  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address to which ballot is to be mailed if it is different than the Delaware address written above:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I request a ballot for the following elections:**

Town or City of:  
 \_\_\_\_\_

*BELOW IS FOR OFFICE USE ONLY*

\_\_\_\_\_ Style: \_\_\_\_\_

Mail  In Person  ID: \_\_\_\_\_

Date Affidavit Returned: \_\_\_\_\_

Voucher Number: \_\_\_\_\_

Date Ballot Mailed: \_\_\_\_\_

**Section "A"**

THIS SECTION DOES NOT  
HAVE TO BE NOTARIZED.

Complete this section if you are temporarily or permanently physically disabled or if you cannot go to your polling place because of one of the other reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.

**Check the appropriate box below:**

- I am sick, or temporarily or permanently physically disabled.
- I am in public service of the U.S. or the State of Delaware.

**MUNICIPALITIES: USE THIS AREA TO ADD ANY ADDITIONAL REASONS THAT ARE AUTHORIZED UNDER MUNICIPAL CHARTER.**

Signature of voter: \_\_\_\_\_

My expected location on election day is:  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone number at my expected location on Election Day:  
 \_\_\_\_\_

Date: \_\_\_\_\_

**Section "B"**

THIS SECTION MUST BE NOTARIZED.

Complete this section if you cannot go to your polling place for one of the reasons listed below.

I do solemnly swear or affirm, under penalty of perjury, that I am unable to go to my regular polling place during the forthcoming election(s) for the reason checked below and that the information contained herein is true.

**Check the appropriate box below:**

- Due to the nature of my business or occupation (this includes students and providing dependent care).
- I am incarcerated.
- I am absent from the district while on vacation.
- Due to the tenets or teachings of my religion.

Signature of voter: \_\_\_\_\_

My expected location on Election Day is:  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone number at my expected location on Election Day: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_

NOTARY: \_\_\_\_\_