

REQUEST FOR ABSENTEE BALLOT

PLEASE PRINT LEGIBLY

FULL NAME:	
RESIDENT ADDRESS <i>(which established eligibility to vote):</i>	
MAILING ADDRESS <i>(if different from above):</i>	
DATE OF BIRTH:	PHONE NUMBER:
EMAIL:	

"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 for the reason checked below and that the information contained herein is true."

PLEASE CHECK THE APPROPRIATE BOX BELOW:

- ☐ *I am in public service of the U.S. or the State of Delaware, or a citizen of the U.S. temporarily residing outside the territorial limits of the U.S. and the District of Columbia, or am such person's spouse or dependent when residing with or accompanying the person, or am absent from Delaware because of illness or injured received while serving in the armed forces of the U.S.*
- ☐ *I am in the armed forces of the U.S. or the Merchant Marine of the U.S. or attached to and serving with the armed forces of the U.S. in the American Red Cross or United Service Organizations.*
- ☐ *My business or occupation, including the business or occupation of providing to care to a parent, spouse or that person's child who is living at home and requires constant care due to illness or injury.*
- ☐ *I am sick or physically disabled.*
- ☐ *I am absent from the City while on vacation.*
- ☐ *I am unable to vote at a certain time on a certain date because of the tenets or teachings of my religion.*
- ☐ *I prefer not to vote in person due to the consideration of public or personal health.*

Signature of Voter: _____

Date: _____

My expected location on Election Day is: _____

Phone number at my expected location on Election Day: _____

OFFICE USE ONLY:

- ☐ Mail
- ☐ In-person ID: _____
- Voucher Number: _____
- Date Affidavit Returned: _____
- Date Ballot Mailed: _____