

# AFFIDAVIT FOR ABSENTEE BALLOT – TOWN OF DEWEY BEACH

**PLEASE PRINT LEGIBLY**

*COLUMN (1)*

FULL NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER:   (    )     - \_\_\_\_\_

DEWEY ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER:   (    )     - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*ADDRESS TO MAIL BALLOT, IF DIFFERENT THAN PERMANENT ADDRESS:*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I REQUEST A BALLOT FOR THE FOLLOWING ELECTION:*      *ANNUAL*         *SPECIAL*

*DATE OF ELECTION:* \_\_\_\_\_

**BELOW IS FOR OFFICE USE ONLY!!**

MAIL:      IN PERSON:      I.D.: \_\_\_\_\_

DATE AFFIDAVIT RETURNED: \_\_\_\_\_

VOUCHER NUMBER ASSIGNED: \_\_\_\_\_

DATE BALLOT MAILED: \_\_\_\_\_

INITIAL: \_\_\_\_\_

**THIS SECTION DOES NOT HAVE TO BE NOTARIZED**

*SECTION (A)*

*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 the polling place during the hours of the forthcoming election for the reason checked below, and that the information contained herein is true.

Please check the appropriate reason below:

     I am sick, or temporarily or permanently physically disabled.

     I am in public service of the U.S. or the State of Delaware.

Signature of Voter: \_\_\_\_\_

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

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

TODAY'S DATE: \_\_\_\_\_

**THIS SECTION MUST BE NOTARIZED, UNLESS YOU ARE AN ELIGIBLE NON-RESIDENT**

*SECTION (B)*

*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 the polling place during the hours of the forthcoming election for the reason checked below, and that the information contained herein is true.

Please check the appropriate reason below:

     Due to the nature of my business or occupation (this includes students and providing dependent care)

     I am incarcerated.

     I will be absent because I will be on vacation.

     Due to the tenets or teachings of my religion.

     I have plans that will make me unavailable to vote in person

Signature of Voter: \_\_\_\_\_

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

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

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

Day of \_\_\_\_\_, 20\_\_\_\_.

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