**State of Delaware -- Affidavit for Absentee Ballot – Town of Dewey Beach**

*COLUMN “1”*

**PLEASE PRINT LEGIBLY**

I request a ballot for the **September 17, 2016 Election.**

Full name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dewey address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Address to mail ballot, if different than permanent address:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR OFFICE USE ONLY***

Mail:\_\_\_\_ In person:\_\_\_\_ I.D.:\_\_\_\_\_\_\_\_\_\_\_\_

Date affidavit returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Voucher number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ballot mailed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date ballot returned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *SECTION “A”*

THIS SECTION DOES NOT HAVE TO BE
NOTARIZED

**Complete this section if you cannot vote at 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 for the reason checked below, and that the information contained herein is true.

Please check the appropriate reason below:

*\_\_\_\_\_* I am in public service of the U.S. or the State of Delaware, or am a citizen of the U.S temporarily residing outside the territorial limits of the United States and the District of Columbia, or am such person’s spouse or dependent residing with or accompanying the person, or am absent from this State because of illness or injury 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.

\_\_\_\_\_ I am sick or physically disabled.

Voter’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

My expected location on Election Day is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Election Day phone number:

(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

*SECTION “B”*

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

**Complete this section if you cannot vote at 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 for the reason checked below, and that the information contained herein is true.

Please check the appropriate reason below:

\_\_\_\_\_ My business or occupation, including the business or occupation of providing 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 will be absent from Dewey Beach while on vacation.

\_\_\_\_\_ I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.

\_\_\_\_\_ I have plans that will make me unavailable to vote in person on Election Day.

My expected location on Election Day is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Election Day phone number:

(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

Voter’s Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***IF NOTARIZATION IS REQUIRED***

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

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

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