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 that establishes your eligibility:

_____

_____

Date of Birth:_____

Telephone Number: _____

Email Address: _____

Mailing address for ballot if it is different from the address above:

_____

_____

Citizen of the U.S. (check one) Yes □   No □

I request a ballot for the following election:

□**Town of Slaughter Beach**

_____

FOR OFFICE USE ONLY

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 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 cannot go to my polling place on Election Day for the reason marked below and that the information herein is true.

Check the appropriate box below:

□ I am sick or temporarily or permanently physically disabled.

□ I am temporarily residing outside the territorial limits of the U.S. or the District of Columbia because (a) I am in public service of the U.S. or the State of Delaware, or (b) I am the spouse or dependent of someone in public service of the U.S. or State of Delaware.

□ I am in the armed forces of the United States.

□ I am domiciled in a municipality other than Slaughter Beach.

My expected location on Election Day is:

_____

Election Day phone number: _____

Voter Signature: _____

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 polling place on Election Day for the reason marked below and that the information herein is true.

Check the appropriate box below:

□ Due to the nature of my business or occupation (to include students), which business or occupation may include providing care to my parent, spouse, or child who is living at home and requires constant care.

□ I am incarcerated.

□ I am absent from the municipality while on vacation.

□ Due to the tenets or teachings of my religion.

□ I am scheduled to work during the hours the polls are open.

My expected location on Election Day is:

_____

_____

Election day phone number : _____

Voter Signature: _____

Subscribed and sworn to before me this _____

Day of_____

Notary:

_____