

State of Delaware – Affidavit for Absentee Ballot – TOWN OF DAGSBORO

Complete Column "1" and then complete Section "A" or "B" as appropriate

Column "1"	Section "A"	Section "B"
<p style="text-align: center;">Please Print Legibly</p> <p style="text-align: center;">I request a ballot for the December 7, 2019 Election.</p> <p>Full name: _____ Address that establishes your eligibility to vote: _____ _____ _____ Date of birth: _____ Phone number: _____ Email: _____</p> <p>Mail my ballot to this address, not the one above: _____ _____ _____</p> <p>For Office Use Only</p> <p>Ballot type: _____ Mail In-person ID: _____ Date affidavit returned: _____</p>	<p style="text-align: center;">This section does not have to be notarized!</p> <p>Complete this section if you cannot vote at your polling place for one of the reasons listed below.</p> <p>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.</p> <p>Check the appropriate box below:</p> <p><input type="checkbox"/> I am in the public service of the U.S. or of this State, or am 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 dependents when 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I am sick or physically disabled.</p> <p>Voter's signature: _____ Date: _____ My expected location on Election Day is: _____ Election Day phone number: _____</p>	<p style="text-align: center;">This section <u>MUST</u> be notarized!</p> <hr/> <p>Complete this section if you cannot vote at your polling place for one of the reasons listed below.</p> <hr/> <p>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.</p> <p>Check the appropriate box below:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I am absent from the municipality while on vacation.</p> <p><input type="checkbox"/> I am unable to vote at a certain time or on a certain day due to the tenets or teachings of my religion.</p> <p>My expected location on Election Day is: _____</p> <p>Election Day phone number: _____</p> <p>Voter's signature: _____</p> <p>Subscribed and sworn to before me this _____ day of _____</p> <p>Notary: _____</p>