State of Delaware – Request for an Absentee Ballot – Town of Dagsboro

Complete and sign the form

Revised January 10, 2019

Please print legibly

I request a ballot for the December 5, 2026 Election.

Full name: _____

Address that establishes your eligibility to vote:

_____

_____

_____

Date of birth: _____

Phone number: _____

Email: _____

Mail my ballot to this address, not to the one above:

_____

_____

_____

For Office use only

Ballot type: _____

Mail ❑ In-person❑ ID: _____

Date application returned: _____

Voucher number: _____

Date ballot mailed: _____

Date ballot returned: _____

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.

Check the appropriate box below:

❑ 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.

❑ 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 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 municipality 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.

My expected location on Election Day is: _____

My Election Day phone number: _____

Voter's signature: _____

Date: _____

Approved Jan 10, 2019