State of Delaware – Affidavit for Absentee Ballot – Public School Elections

Complete and sign this form

Revised: September 2013

CAPE HENLOPEN SCHOOL DISTRICT
REFERENDUM ELECTION
MARCH 31, 2020

Mail to: Department of Elections Sussex Office P.O. Box 457
Georgetown DE. 19947

Please print legibly

Full name: _____

Address: _____

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 affidavit mailed: _____

Date affidavit returned: _____

Voucher number: _____

Date ballot mailed: _____

Date ballot returned: _____

Affirmation

I do solemnly swear or affirm, under penalty of perjury, that the information contained herein is true and correct in every particular and that I am unable to go to a polling place during the forthcoming election for the reason checked below:

- ❑ I am in the public service of the US or the State of Delaware, or a citizen of the US temporarily residing outside the territorial limits of the US and the District of Columbia, or such person's spouse or dependent 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 US.
- ❑ I am in the armed forces of the US, the Merchant Marine of the US, attached to and serving with the armed forces of the US in the American Red Cross or United Service Organizations.
- ❑ Due to the nature of my business or occupation, including the business or occupation of providing care to my parent, spouse, or child who is living at home and requires constant care due to illness, disability, or injury.
- ❑ I am sick or physically disabled.
- ❑ I am absent from the district 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 further swear or affirm, under penalty of perjury, that:

1. I am a citizen of the United States,
2. I am a resident and citizen of the State of Delaware,
3. I am 18 years old or older,
4. I reside within the geographic boundaries of the school district, and
5. I will not vote or attempt to vote at a polling place on the day of the election.

My expected location on Election Day: _____

My Election Day phone number: _____

Signature: _____

Date: _____