

Dear Absentee Voter:

Please fill out Section "1" and either Section "A" or "B" (whichever is applicable). Please mail the Affidavit back to the City Clerk's Office (please note that a stamp has been included and the form can be folded backwards and used for mailing). Once the affidavit is received by the City Clerk's Office, we will mail you the Official Ballot.

Should you have any questions regarding this procedure, please feel free to contact our office at (302) 736-7008 or by e-mail to [tmcdowell@dover.de.us](mailto:tmcdowell@dover.de.us).

Sincerely,



Traci A. McDowell

Enclosure

S:\ClerksOffice\ELECTION-MUNICIPAL\ELECTION-BLOCKS\AFFIDAVITS\Affidavit Procedure Revised 08-01-07.wpd

/tam

SECTION "1"  
**PLEASE PRINT**

SECTION "A"  
THIS SECTION **DOES NOT** HAVE TO BE NOTARIZED

SECTION "B"  
THIS SECTION **MUST** BE NOTARIZED

FULL NAME: \_\_\_\_\_

ADDRESS OF YOUR HOME IN DOVER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SSN (OPTIONAL) \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\*\*\*\*\*

**ADDRESS TO WHICH BALLOT IS TO BE MAILED IF IT IS DIFFERENT THAN THE ADDRESS ABOVE:**

ADDRESS \_\_\_\_\_

CITY/TOWN                      STATE                      ZIP

**SECTION "2"**

**\*\*\* OFFICE USE ONLY \*\*\***

DISTRICT   D-   VOUCHER # \_\_\_\_\_

MAIL \_\_\_\_\_ IN PERSON \_\_\_\_\_ OTHER \_\_\_\_\_

DATE REQUEST RECEIVED: \_\_\_\_\_

DATE AFFIDAVIT MAILED: \_\_\_\_\_

DATE AFFIDAVIT RETURNED: \_\_\_\_\_

DATE BALLOT MAILED: \_\_\_\_\_

DATE BALLOT RETURNED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

COMPLETE THIS SECTION IF YOU ARE TEMPORARILY OR PERMANENTLY PHYSICALLY DISABLED OR IF YOU CANNOT GO TO YOUR POLLING PLACE BECAUSE OF ONE OF THE OTHER 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.*

**CHECK THE APPROPRIATE BOX BELOW:**

- I am sick, or temporarily or permanently physically disabled.
- I am in public service of the U.S. or the State of Delaware
- I am a spouse or dependent residing with or accompanying a person temporarily residing outside the territorial limits of the United States and the District of Columbia.
- I am absent from the state due to an illness or injury received while serving in the armed forces of the U.S.
- I am a member of the U.S. Armed Forces, the American Red Cross, the U.S.O. or the U.S. Merchant Marine.

SIGNATURE OF VOTER: \_\_\_\_\_

My expected location on election day is:

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City/Town)                      (State)                      (Zip Code)*

Telephone number at my expected location on Election Day:

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

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 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:**

- Due to the nature of my business or occupation (this includes 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 absent from the district while on vacation.
- Due to the tenets or teachings of my religion.

SIGNATURE OF VOTER: \_\_\_\_\_

My expected location on election day is:

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City/Town)                      (State)                      (Zip Code)*

Telephone number at my expected location on Election Day:

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_  
DAY OF

SIGNATURE OF NOTARY OR COMMISSIONED OFFICER

## SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT

Disclosure of your social security number is requested so that each individual who is registered to vote is identifiable in an accurate and efficient manner. This disclosure is requested pursuant to 15 Del. C. Section 5503 and 5 U.S.C.A. Section 552(a) note (Section 7 of the Privacy Act of 1974). The disclosure of your social security number is voluntary. If you choose not to disclose your social security number, you will be assigned a nine (9) digit identifying number during the processing of your registration.

Your social security number is used as necessary for administrative purposes relating to voting, including to identify you as a registered voter, to insure no individual is registered in more than one place, to verify address, voting districts, and other information and may be used for any other lawful purpose. The registration application containing your social security number will become part of the registration records of the city.

Place Postage  
Stamp Here

# **ELECTION MATERIAL PROCESS IMMEDIATELY**

**CITY CLERK'S OFFICE  
CITY OF DOVER  
P.O. BOX 475  
DOVER, DE 19903-0475**