

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.				
1	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV	
2	Home Address		Apt. or Lot #	City/Town	State	Zip Code
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code
4	Date of Birth ____ / ____ / ____ Month Day Year		5	Telephone Number (optional)		6 ID Number - (See Item 6 in the instructions for your state)
7	Choice of Party (see item 7 in the instructions for your State)		8	Race or Ethnic Group (see item 8 in the instructions for your State)		
9	I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.			<div style="border: 1px solid black; height: 60px; width: 100%;"></div> Please sign full name (or put mark) ▲ Date: / / Month Day Year		

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> ■ Write in the names of the crossroads (or streets) nearest to where you live. ■ Draw an X to show where you live. ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. 	NORTH ↑									
	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Example</td> <td style="padding: 5px; text-align: center;">Route #2</td> <td style="padding: 5px; text-align: center;">● Grocery Store</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;">Woodchuck Road</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Public School ●</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">X</td> </tr> </table>	Example	Route #2	● Grocery Store	Woodchuck Road			Public School ●		X	
Example	Route #2	● Grocery Store									
Woodchuck Road											
Public School ●		X									

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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Mail this application to the address provided for your State.

FOR OFFICIAL USE ONLY

FIRST CLASS
STAMP
NECESSARY
FOR
MAILING



APPLICATION INSTRUCTIONS - DELAWARE

Who Can Use This Application

If you are a U.S. citizen who lives or has an address within the United States, you can use this application to:

- Register to vote in your State,
- Report a change of name to your registration office,
- Report a change of address to your registration office, or
- Register with a political party.

Please do **not** use this application if you live outside the territorial United States and its territories and have no home (legal) address in this country, *or* if you are in the military stationed away from home. Use the Federal Postcard Application available to you from military bases, American embassies, or consular offices.

When to Register to Vote

To register in time to vote in any upcoming election, your application must be postmarked (or delivered to your *local voter registration office*) by the deadline listed below:

Delaware – 20 days prior to the general election and 21 days prior to the primary election.

Box 1 – Name

Put in this box your full name in this order – Last, First, Middle. Do not use nicknames or initials.

Note: If this application is for a change of name, please tell us in **Box A** (*on the bottom half of the form*) your full name before you changed it.

Box 2 – Home Address

Put in this box your home address (legal address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number.

Note: If you were registered before *but* this is the first time you are registering from the address in Box 2, please tell us in **Box B** (*on the bottom half of the form*) the address where you were registered before. Please give us as much of the address as you can remember.

Also Note: If you live in a rural area but do not have a street address, or if you have no address, please show us where you live using the map in **Box C** (*at the bottom of the form*).

Box 3 – Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box.

Note: If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

Box 4 – Date of Birth

Put in this box your date of Birth in this order – Month, Day, Year. *Be careful not to use today's date!*

Box 5 – Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in the box.

Box 6 – ID Number

Your social security number is requested. Your social security number is used as necessary for administrative purposes related to voting, including to identify you as a registered voter, to ensure no individual is registered in more than one place, to verify address, voting districts, and other information and may be used for any lawful purpose. The registration application containing your social security number will become part of the registration records of your county (Title 15, Sec. 1302, Del Code and 5 U.S.C.A., Sec 552a [Sec. 7 of the Privacy Act of 1974]).

Box 7 – Choice of Party

You must register with a party if you want to take part in that party's primary election, caucus, or convention.

Box 8 – Race or Ethnic Group

Leave Blank.

Box 9 – Signature

To register in Delaware you must:

- be a citizen of the United States
- be a permanent resident of Delaware
- be at least 18 years old on the date of the next general election
- not be mentally incompetent
- felons are eligible to vote if certain requirements are met: fines and sentence completed at least five years prior to application date; felony convictions can not be disqualifying felonies, which are murder, sexual offences, or crimes against public administration involving bribery or improper influence or abuse of office.

APPLICATION INSTRUCTIONS - DELAWARE

Attention: Proof of voter identification

(Pursuant to Help America Vote Act of 2002)

If this form is submitted by mail and it is the first time you have registered to vote in your jurisdiction, you **MUST** submit current, valid proof of identification with this application or the first time you vote in a federal election. To send it with this application you should enclose one of the following:

1) A **COPY** of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address in the jurisdiction **OR**

2) A **COPY** of a current and valid Photo identification.

Submitting your proof of identification now with the application will allow you to avoid the federal requirement to show this proof at the polling place or, if voting by mail, to avoid sending it with your mail-in-ballot.

Voters may also be required to show proof of identification under state law.

Deliver the completed and signed application form in person to your local voter registration office, or mail it to:

Commissioner of Elections
32W. Loockerman Street, M101
Dover, DE 19904