

To be mailed or returned to:  
P.O. Box 109, 214 Garfield Parkway  
Bethany Beach, DE 19930

State of Delaware – Affidavit for Absentee Ballot – Municipal Election  
Complete Column “1” and then complete Section “A” or “B” as appropriate

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Bethany Beach, DE 19930

**Column “1”**  
**PLEASE PRINT LEGIBLY**

**Section “A”**

**THIS SECTION DOES NOT  
HAVE TO BE NOTARIZED.**

**Section “B”**

**THIS SECTION MUST BE NOTARIZED.**

Full Name: \_\_\_\_\_  
Address which establishes eligibility to vote:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address to which ballot is to be mailed if it is  
different than the Delaware address written above:  
\_\_\_\_\_  
\_\_\_\_\_

I request a ballot for the following election:  
Town of Bethany Beach, DE – 9/6/2008

\_\_\_\_\_  
Signature

**BELOW IS FOR OFFICE USE ONLY**

Mail  In Person  ID: \_\_\_\_\_

Date Affidavit Returned: \_\_\_\_\_

Voucher Number: \_\_\_\_\_

Date Ballot Mailed: \_\_\_\_\_

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 an eligible non-resident.
- I am a Bethany Beach property owner  
and will be absent from the Town of Bethany  
Beach on the day of the election.

Signature of voter: \_\_\_\_\_

My expected location on election day is:  
\_\_\_\_\_

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 nature of my business or  
occupation (this includes students and  
providing dependent care).
- I am incarcerated.
- N/A ~~I am absent from the district while on  
vacation.~~
- Due to the tenets or teachings of my  
religion.
- I am a resident (non-property owner)  
and will be absent from the Town of Bethany  
Beach on the day of the election.

Signature of voter: \_\_\_\_\_

My expected location on Election Day is:  
\_\_\_\_\_

Telephone number at my expected location on  
Election day: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_

NOTARY: \_\_\_\_\_
