

# Town of Ocean View

## Voter Registration

Please Print

APPLICANT INFORMATION			
Last	First	Middle	Suffix
Residence Address:		Subdivision	
Mailing Address if different:		Owner <input type="checkbox"/> Renter <input type="checkbox"/>	
Email Address:			
Date of Ocean View Residency:	Date of Birth:	DE Driver Lic#:	
I, hereby swear or affirm that I am a citizen of the United States and have been a resident of the Town of Ocean View since the date indicated above and that all information provided above by me is true and correct to the best of my knowledge.			
Signature of Applicant _____		Date _____	

*Please Note: This form must be completed in its entirety and returned by the applicant in person or by mail to the Town Clerk's office at 201 Central Avenue, Ocean View, DE 19970*

*Forms obtained from the Town's website and either hand delivered or mailed to the office must have proof of Identity and address attached. A Delaware Driver's license or ID Card is proof of identity.*

**PLEASE NOTE: YOU WILL BE REQUIRED TO PRESENT A VALID ID BEFORE YOU ARE ENTITLED TO VOTE IN ANY ELECTION**

TOWN USE ONLY					
Form of ID (Check one)					PIDN
_____	_____	_____	_____	_____	-
Driver's License	Photo ID	Birth Certificate	Other (Describe)	Checked By	Election District
Date	By	Date Recorded in Voter Registration Book _____			1      2
_____	_____	Comments: _____			3      4

Voting History - Town Use Only											
YEAR	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
General											
Special											
Referendum											
Other											