



Please read the following carefully before proceeding to the next page:

- The purpose of the Affidavit of Mailing page is to certify that you have informed the agencies listed of your application, as they may wish to respond.
- You may fill in your reason(s) for applying and offense(s) information but **DO NOT SIGN** the Affidavit of Mailing page until you are in the presence of a notary.
- *After* the Affidavit has been signed and notarized, make copies of just the Affidavit and mail them to the listed agencies. **Include the original Affidavit of Mailing with your application.**
- **ONLY** send the Affidavit of Mailing to those listed – **NOT** the entire application.
- If you are uncertain about the name of your sentencing Judge or the Chief of Police in the city/county you were arrested in, put “Presiding Judge” and “Chief of Police” with the appropriate address.

AFFIDAVIT OF MAILING



STATE OF DELAWARE
DELAWARE BOARD OF PARDONS

Applicant Name _____ **Date of Birth** _____

The above applicant has filed a petition for a pardon with the Board of Pardons (“Board”) in the Secretary of State’s Office, 401 Federal Street, Suite 3, Dover, DE 19901. The petition will be heard at the earliest possible date and location as determined by the Board.

Copies of this affidavit of mailing have been sent to:

1. The Judge(s) who presided at the sentencing hearing(s) or Presiding Judge(s)
2. Chief of Police in the city/county where the arrest(s) was/were made. Omit this step if you were only arrested by Delaware State Police.
3. Colonel William D. Crotty Superintendent, Department of Public Safety, Division of State Police, P.O. Box 430, Dover, DE 19903.

Reason(s) for applying:

Empty rectangular box for providing reasons for applying.

Offense(s) and Date(s) of Arrest:

Empty rectangular box for providing offense(s) and date(s) of arrest.

Signature of Applicant

Date

STATE OF _____)
) SS
COUNTY OF _____)

This applicant, being sworn, deposes and says that he/she/they is attesting that all statements contained in his/her/their application are true and correct in every respect, and that he/she/they has not suppressed any information that might affect this application.

Sworn to me before me this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____. (SEAL)

IMPORTANT: Make sure you have completed every item on the checklist and that your application is signed and complete. Any missing information may significantly delay processing.