

BOARD OF PARDONS COVER SHEET

Please complete this form and submit it with your petition for pardon/commutation.
THIS IS NOT YOUR APPLICATION. Please refer to the *Rules of the Board of Pardons* for filing requirements.

PLEASE PRINT OR TYPE

1. Name of applicant: _____

2. Address: _____

(street, post office box, etc.)

(city)

(state)

(zip code)

3. Date of Birth: _____ 4. Date of Arrest: _____

5. Offense to be Pardoned/Commuted:

6. Arresting Agency: _____

7. Sentence:

8. Sentencing Court: _____

9. Date of Sentence: _____

10. Original Charge(s) Arrested for:

**PLEASE RETURN TO: Board of Pardons
Secretary of State's Office
401 Federal Street, Suite 3
Dover, DE 19901**

(date)

(signature of applicant or representative)

***If you have additional charges
please continue to next page.***

(daytime telephone number of applicant/representative)

4. Date of Arrest: _____

5. Offense to be Pardoned/Commuted:

6. Arresting Agency: _____

7. Sentence:

8. Sentencing Court: _____

9. Date of Sentence: _____

10. Original Charge(s) Arrested for:

4. Date of Arrest: _____

5. Offense to be Pardoned/Commuted:

6. Arresting Agency: _____

7. Sentence:

8. Sentencing Court: _____

9. Date of Sentence: _____

10. Original Charge(s) Arrested for:

(date)

(signature of applicant or representative)

(Please photocopy this page as needed for additional charges. If filling in form online, save this form and then click continuation sheet link in [instructions](#) for additional pages.)