

# **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.)