

# **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 complete additional pages.***

\_\_\_\_\_  
(daytime telephone number of applicant/representative)

(Please photocopy this page as needed for additional charges.)

Page \_\_\_\_\_

4. Date of Arrest: \_\_\_\_\_

5. Offense to be Pardoned/Committed: \_\_\_\_\_

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/Committed: \_\_\_\_\_

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7. Sentence: \_\_\_\_\_

8. Sentencing Court: \_\_\_\_\_

9. Date of Sentence: \_\_\_\_\_

10. Original Charge(s) Arrested for: \_\_\_\_\_

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of applicant or representative)