West Virginia Absentee Ballot Application

Instructions: Eligible voters may apply for an absentee ballot beginning January 1st or 84 days before the election, whichever is earlier. Voters must apply separately for each election. <u>Voters eligible under section A of number 4 must fill out this application in their own handwriting</u>, unless receiving assistance. Complete the steps below, then mail, fax, or e-mail your application to your County Clerk. He or she must receive your application by the sixth day before the election. Visit <u>GoVoteWV.com</u> for contact information. <u>Military and overseas voter should apply using the Federal Postcard Application</u>.

1	Print your name	Last	First	_Middle	Suffix
2	Your current WV residence address and date of birth	Street (not P.O. Box)		County:	
		City	State <u>WV</u> Zip Code	Date of Birth	//_
~	Where should we mail your ballot?	Address		Phone	
			State Zip Code		
	Eligibility: . Choose <u>one</u> from section A <u>or</u> B	A. I am applying for a paper ballot by r ☐ Illness, injury or other medical re		ite in person during Early Voting or	on Election Day due to:
		\square Immobility due to advanced age	or a physical disability.		
				tion of any felony, of treason or of be complete the statement on Page 2 of	•
		\square Employment which because of h	ours worked and distance from	the county seat makes voting in per	rson impossible.
		☐ I am a participant in the Address Confidentiality Program (ACP) with the Office of the Secretary of State. If selected, send your application to the Secretary of State's Office.			
		\square The county absentee voting office	ce and my polling place are inacc	cessible to me due to my physical di	sability.
4		\square Personal business or travel. <u>If se</u>	lected, your ballot must be maile	ed outside of your county of resider	ice.
		☐ Attendance at college, university, or other place of education or training. If selected, your ballot must be mailed outside of your county of residence.			
		☐ Temporarily living outside of the county due to serving as an elected or appointed federal or state officer. If selected, your ballot must be mailed outside of your county of residence.			
		☐ Temporarily living outside of the county due to a temporary assignment by my employer for a specific period of four years or less. If selected, your ballot must be mailed outside of your county of residence.			
		B. I am applying for an electronic abse	ntee ballot due to:		
		\square A physical disability that <u>prevent</u>	ts me from voting in person and	from voting a paper ballot without	assistance.
		If selected, enter your email address:			
	Ballot Information	Election (choose one): Federal/State/County (choose one) City/Town (if separate from county election, submit to your city/town clerk or recorder) Election Type: (choose one) Primary General Special		t will I receive in a Primary Election you will receive:	?
			Democrat → Democ	crat	
_			Republican → Repub		
5				artisan or Mountain (Jefferson/Harri	<u> </u>
				artisan (the Libertarian party nomin	
				artisan or request a party ballot her	
		I de bando antife de l'afamatina di	□Democrat □Republican □Mountain above is true to the best of my knowledge, that I reside at the address given, and that I		
	Declaration	am qualified and registered to vote in t			
		false statement on this application is a	crime punishable by a fine up to	o \$1000 and up to one-year impriso	onment. If I require
6		assistance with my ballot, the reason for number 7 of this form.	or the assistance is stated below	i and the person who will assist me	has signed the oath on
O		Signature/mark of voter (if mark, witne	ess must sign) X		Date:
		Signature of witness to voter's mark (if i			
		Reason for assistance (if needed):			
		I, a person giving assistance to the voter above and signing below, hereby swear or affirm, under penalty of law, that: I will not			
	1 C.4 . 1	in any manner request, persuade or induce the voter I am assisting into voting for someone other than the candidate of the voter's choice; and I will not keep or make any memorandum or entry of anything, directly or indirectly, nor reveal to any person			
7	Assistant (if	the name of any candidate or issue voted for by the voter or which ticket he or she voted except when required pursuant to law			
	needed)	to give testimony as to the matter in a	judicial proceeding.		
		Signature of person assisting voter			Date:

Voter's Change of Name/Address

If you changed your name and/or address and have not updated your voter registration, please make sure you have entered your new name and/or address on page 1, then enter your previous name and/or address below.

your new name and/or address on page 1, then enter your previous name and/or address below.						
Previous name:						
LastFirst	MiddleSuffix					
Previous address:						
Street (not P.O. Box)	County:					
City State Zip Code						
Statement of Sheriff, Chief of Police (To be completed for applicants voting absentee beca						
-	ause of incarceration or detention)					
(To be completed for applicants voting absentee beca	e that the applicant whose signature appears on this					
(To be completed for applicants voting absentee because), hereby declare	e that the applicant whose signature appears on this on facility or home confinement on the day					
(To be completed for applicants voting absentee because),, hereby declare application will be confined in the county or city jail or other detention	e that the applicant whose signature appears on this on facility or home confinement on the day conviction of treason, bribery in an election, or felony.					



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