

# West Virginia Voter Registration Application

Please follow these steps to complete this form. (Please PRINT in blue or black ink.)

**Box 1.** Indicate if this is a new registration, party change, or name/address change.

**Box 2.\*** Provide your full legal name, including any suffix (Jr., Sr., III, etc.).

**Box 3.\*** Provide your date of birth (MM/DD/YYYY). You must be at least seventeen years old to apply to register to vote and will be eighteen on or before the next general election.

**Box 4.\*** Enter your WV driver's license or DMV issued non-driver's ID number. If you do not have a WV driver's license or DMV-issued ID, enter the last four digits of your social security number. If you do not have any of these numbers, enter the word "NONE" and an ID number will be assigned to you.

**Box 5.\*** Line 1 Provide your residence address (do not enter a P.O. Box).\*\* Include the name of the county where you reside. Line 2 Provide your mailing address, if different from your residence address. Check the box if you reside within the city limits.

**Box 6.** Provide an email address (for Office Use only).

**Box 7.** Indicate your gender.

**Box 8.** Enter the address where you were last registered to vote and the name under which you were registered.

**Box 9.** Provide a telephone number (for Office Use only).

**Box 10.** Select your party choice. If you do not make a selection, you will be registered as "unaffiliated". Some political parties may allow unaffiliated voters to cast a ballot in their party's primary election.

**Box 11.** Check if you would like to be contacted about serving as a poll worker.

**Box 12.\*** Carefully read the statement. If all of the statement is true, then sign within the box provided. Knowingly providing false information is perjury, punishable on conviction by confinement in a penitentiary for not less than one nor more than ten years.

**REGISTRATION DEADLINE:** You may submit a registration application at any time. However, in order to vote in an election, you must register twenty-one days before that election. For county clerk information, including mailing address, please visit [www.wvsos.com](http://www.wvsos.com).

If you are registering to vote for the first time in West Virginia, or for the first time in this county and you have not cast a vote in a federal election in this state, you must submit a copy of a current and valid ID with this application or the first time you vote. To submit with this form, include:  
1) a copy of a current and valid photo ID, or  
2) a copy of a current utility bill, bank statement, government check, paycheck or other government document that shows your name and current residence address as provided on this application.

\* Required information. Your registration cannot be processed without this information.

\*\* Overseas citizens who no longer reside in the U.S. may enter the last address at which they legally resided. Uniformed service voters should check with the Federal Voting Assistance Program for current instructions: [www.fvap.gov](http://www.fvap.gov).

### QUESTIONS:

Contact your local county clerk or go to [www.wvsos.com](http://www.wvsos.com)  
Call the West Virginia Secretary of State toll-free 1-866-767-8683

						FOR OFFICIAL USE		
<p>* Are you a citizen of the United States of America? <input type="checkbox"/> YES <input type="checkbox"/> NO    If you answered "no" to either of these questions, do not complete this form.</p> <p>* Will you be 18 years of age on or before the next general election? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>						PRECINCT:		
<p><b>1</b> <input type="checkbox"/> NEW REGISTRATION    <input type="checkbox"/> PARTY CHANGE    <input type="checkbox"/> NAME/ADDRESS CHANGE</p>						VOTER ID:		
<b>2*</b> LAST NAME			FIRST NAME		MIDDLE NAME		<p><b>3*</b> DATE OF BIRTH</p> <p>____/____/____</p>	
<p><b>4*</b> SUFFIX (Circle) Jr. Sr. II III IV V</p>						<p><b>4*</b> DRIVER'S LICENSE # or DMV ISSUED ID #:</p> <p>_____</p>		
<p><b>5*</b> RESIDENCE ADDRESS (HOUSE NUMBER/STREET NAME, CITY ZIP)</p>						<p>DATE RECEIVED:</p>		
<p>MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)</p>						<p><input type="checkbox"/> I LIVE WITHIN CITY LIMITS</p>		
<p><b>6</b> EMAIL (Office Use)</p>						<p><b>7</b> GENDER <input type="checkbox"/> M <input type="checkbox"/> F</p>		
<p><b>8</b> YOUR NAME AND ADDRESS WHERE YOU LAST REGISTERED TO VOTE</p>						<p><b>9</b> TELEPHONE (Office Use)</p>		
<p><b>10</b> PARTY: <input type="checkbox"/> DEMOCRATIC    <input type="checkbox"/> REPUBLICAN    <input type="checkbox"/> MOUNTAIN    <input type="checkbox"/> LIBERTARIAN    <input type="checkbox"/> UNAFFILIATED    <input type="checkbox"/> OTHER _____</p>								
<p><b>11</b> <input type="checkbox"/> I WOULD LIKE TO BE A POLL WORKER</p>						<p>SIGN YOUR NAME IN THE SPACE BELOW</p>		
<p><b>12*</b> I swear or affirm that:</p> <ul style="list-style-type: none"> <li>I am a citizen of the United States;</li> <li>I am at least 17 years of age and will be 18 on or before the next general election;</li> <li>My West Virginia residence address is listed in Box 5;</li> <li>I am not under conviction, probation or parole for election bribery, treason, or any felony; and</li> <li>I have not been judged incompetent by a court of competent jurisdiction.</li> </ul>						<p>YOU ARE SIGNING UNDER PENALTY OF PERJURY TO THE TRUTH OF THE INFORMATION ON THIS APPLICATION</p>		
<p><small>R-3 08/13</small></p>						PRECINCT:		

ITEMS MARKED WITH AN "\*" ARE REQUIRED FOR PROCESSING THIS APPLICATION.

City \_\_\_\_\_  
 WV \_\_\_\_\_  
 zip \_\_\_\_\_  
 \_\_\_\_\_  
 County Courthouse

OFFICIAL ELECTION MATERIAL

CLERK OF THE COUNTY COMMISSION

POST OFFICE WILL NOT  
 DELIVER WITHOUT  
 POSTAGE

PLACE  
 STAMP  
 HERE



\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Return Address

	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3					
MUNICIPAL SPECIAL ELECTION																						LAST NAME	FIRST NAME	MIDDLE INIT.	PCT.	
MUNICIPAL PRIMARY ELECTION																						RECORD OF PARTY AFFILIATION				
MUNICIPAL GENERAL ELECTION																						DATE	PARTY	CLERK		
STATE-COUNTY SPECIAL ELECTION																						RECORD OF NOTICES				
STATE-COUNTY PRIMARY ELECTION																						DATE	TYPE	RESPONSE	CLERK	
STATE-COUNTY GENERAL ELECTION																						(Record fact of voting with a check (✓) mark in the proper space. At primaries record fact of voting by use of party initial or initials.)				
RECORD OF RESIDENCE																										
PCT.	CITY	ADDRESS	APT. OR ROOM NO.	DATE	CLERK																					

OFFICE USE ONLY (Please remember to enter all information in the voter registration system)