

# West Virginia Absentee Ballot Application

**Instructions:** Eligible voters may apply for an absentee ballot beginning January 1<sup>st</sup> or 84 days before the election, whichever is earlier. Voters must apply separately for each election. Voters eligible under section A of number 4 must fill out this application in their own handwriting, 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 [GoVoteWV.com](http://GoVoteWV.com) for contact information. Military and overseas voter should apply using the [Federal Postcard Application](#).

<b>1</b>	<b>Print your name</b>	Last _____	First _____	Middle _____	Suffix _____
<b>2</b>	<b>Your current WV residence address and date of birth</b>	Street (not P.O. Box) _____			County: _____
		City _____	State <u>WV</u>	Zip Code _____	Date of Birth ____/____/____
<b>3</b>	<b>Where should we mail your ballot?</b>	Address _____			Phone _____
		City _____	State _____	Zip Code _____	
<b>4</b>	<b>Eligibility: Choose one from section A or B</b>	<b>A. I am applying for a paper ballot by mail because I am not able to vote in person during Early Voting or on Election Day due to:</b>			
		<input type="checkbox"/> Illness, injury or other medical reason which keeps me confined.			
		<input type="checkbox"/> Immobility due to advanced age or a physical disability.			
		<input type="checkbox"/> Incarceration or detention in jail or home. I am not under conviction of any felony, of treason or of bribery in an election (including any period of probation or parole). <u>If selected, you must complete the statement on Page 2 of this form.</u>			
		<input type="checkbox"/> Employment which because of hours worked and distance from the county seat makes voting in person impossible.			
		<input type="checkbox"/> 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.			
		<input type="checkbox"/> The county absentee voting office and my polling place are inaccessible to me due to my physical disability.			
		<input type="checkbox"/> Personal business or travel. <u>If selected, your ballot must be mailed outside of your county of residence.</u>			
		<input type="checkbox"/> Attendance at college, university, or other place of education or training. <u>If selected, your ballot must be mailed outside of your county of residence.</u>			
		<input type="checkbox"/> Temporarily living outside of the county due to serving as an elected or appointed federal or state officer. <u>If selected, your ballot must be mailed outside of your county of residence.</u>			
		<input type="checkbox"/> Temporarily living outside of the county due to a temporary assignment by my employer for a specific period of four years or less. <u>If selected, your ballot must be mailed outside of your county of residence.</u>			
		<b>B. I am applying for an electronic absentee ballot due to:</b>			
		<input type="checkbox"/> A physical disability that prevents me from voting in person and from voting a paper ballot without assistance.			
		If selected, enter your email address: _____			
<b>5</b>	<b>Ballot Information</b>	<b>Election (choose one):</b> <input type="checkbox"/> Federal/State/County <input type="checkbox"/> City/Town (if separate from county election, submit to your city/town clerk or recorder)	<b>Election Type: (choose one)</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special	<b>Which political party's ballot will I receive in a Primary Election?</b> <b>I'm registered as:</b> _____ <b>Ballot you will receive:</b> _____ Democrat → Democrat Republican → Republican Mountain → Non-Partisan or Mountain (Jefferson/Harrison/Taylor Counties only) Libertarian → Non-Partisan (the Libertarian party nominates by convention) None of the above → Non-Partisan or request a party ballot here: <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Mountain	
<b>6</b>	<b>Declaration</b>	I do hereby certify the information given above is true to the best of my knowledge, that I reside at the address given, and that I am qualified and registered to vote in this county. I understand that I must vote in person if I can. <u>I understand that making a false statement on this application is a crime punishable by a fine up to \$1000 and up to one-year imprisonment.</u> If I require assistance with my ballot, the reason for the assistance is stated below and the person who will assist me has signed the oath on number 7 of this form.			
		Signature/mark of voter (if mark, witness must sign) X _____			Date: _____
		Signature of witness to voter's mark (if needed) _____			Date: _____
		Reason for assistance (if needed): _____			
<b>7</b>	<b>Oath of Voter's Assistant (if needed)</b>	I, a person giving assistance to the voter above and signing below, hereby swear or affirm, under penalty of law, that: I will not 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 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 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.

### Previous name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

### Previous address:

Street (not P.O. Box) \_\_\_\_\_ County: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Statement of Sheriff, Chief of Police or Authorized Deputy

(To be completed for applicants voting absentee because of incarceration or detention)

I, \_\_\_\_\_, hereby declare that the applicant whose signature appears on this application will be confined in the county or city jail or other detention facility or home confinement on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the date of the election, and is not under conviction of treason, bribery in an election, or felony.

Name of Detention Facility \_\_\_\_\_ City/County \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_



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