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. <u>Visit GoVoteWV.com</u> for contact information. <u>Military and overseas voter should apply using the Federal Postcard Application</u>.

1	Print your name	Last Fir	rst	Middle	Suffix	
2	Your current WV residence address	Street (not P.O. Box)		County:		
	and date of birth	City	State <u>WV</u> Zip Code			
3	Where should we mail your ballot?	Address		Phone		
		City	State Zip Code			
4	Eligibility: Choose <u>one</u> from section A <u>or</u> 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 is a liliness, injury or other medical reason which keeps me confined. Ilmmobility due to advanced age or a physical disability. 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). If selected, you must complete the statement on Page 2 of this form. Employment which because of hours worked and distance from the county seat makes voting in person 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. The county absentee voting office and my polling place are inaccessible to me due to my physical disability.				
		B. I am applying for an electronic absentee ballot due to:				
		☐ A physical disability that <u>prevents me from voting in person and from voting a paper ballot without assistance</u> . If selected, enter your email address:				
<u> </u>	Ballot Information	Election (choose one): Election Type:	Which political party's ballot will I I'm registered as: Ballot you wi Democrat → Democrat Republican → Republican			
		eletik di reddiderij	Libertarian → Non-Partisan (the Libertarian party nominates by conventio		tes by convention)	
			None of the above → Non-Partisan or request a party ballot here: □Democrat □Republican □Mountain			
6	Declaration	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. 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. 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				
		Signature of witness to voter's mark (if needed) Date:				
		Reason for assistance (if needed):				
7	Oath of Voter's Assistant (if needed)	I, a person giving assistance to the voter a in any manner request, persuade or induc voter's choice; and I will not keep or mak the name of any candidate or issue voted to give testimony as to the matter in a jud	ce the voter I am assisting into voting te any memorandum or entry of any I for by the voter or which ticket he	ng for someone other than the rthing, directly or indirectly, no	e candidate of the or reveal to any person	
		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 p	previous name and/or address belov	v.				
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)							
	•						
(To be comple	eted for applicants voting ab		detention)				
(To be comple	eted for applicants voting ab	osentee because of incarceration or	detention) ose signature appears on this				
(To be complete) I, application will be confined in t	eted for applicants voting ab , he the county or city jail or oth	osentee because of incarceration or exercise that the applicant who	detention) ose signature appears on this nement on the day				
I,	eted for applicants voting ab , he the county or city jail or oth ne date of the election, and is	osentee because of incarceration or or exercise that the applicant who her detention facility or home confi	detention) ose signature appears on this nement on the day ibery in an election, or felony.				



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