## **West Virginia Absentee Ballot Application**

Instructions: Voters may apply for an absentee ballot beginning January 1st or 84 days before the election, whichever is earlier. Voters may apply for the November 3, 2020 Statewide General Election beginning August 11, 2020. 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 for contact information. Military and overseas voter should apply using the Federal Postcard Application.

1	Print your name	Last	Fii	rst	M	iddle		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		_/
3	Where should we mail your ballot?	Address				Phone		
				StateZip (	 ode			
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 to liness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other medical reason which keeps me confined (includes concerns of COVID-19).    Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illness, injury or other page 2 of this form.   Illne						
		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 absentee ballot due to:  ☐ A physical disability that prevents me from voting in person and from voting a paper ballot without assistance.  If selected, enter your email address:						
5	Ballot Information	Election (choose <u>one</u> ):		Which political part	-	-	tion?	
		☐Federal/State/County ☐City/Town (if separate	(choose <u>one</u> ) □Primary	I'm registered as:	Ballot you will re Democrat	eceive:		
		from county election,	□General		Republican			
		submit to your city/towr	□Special		•	Mountain (Jefferson/I	Jarrison/Tav	vlar Counties anly)
		clerk or recorder)				e Libertarian party no		
					•	request a party ballot		convention
				None of the above		Republican		
	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	<mark>s must sign) X</mark>			Date:	
		Signature of witness to v	oter's mark (if ne	eded)			Date:	
		Reason for assistance (if	needed):					
	Oath of Voter's Assistant (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 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 assis	ting voter				Date:	
	OFFICE USE: ABS	S APP RCVD	BALLOT SENT	BALLOT	RCVD	PRECINCT	REV.	8/5/2020