

# West Virginia Absentee Ballot Application

You must apply separately for each election.\* Applications may be received no earlier than 84 days before an election and no later than 6 days before an election.\*  
\*Does not apply to reason #6—see reason #6 for details.

Applying for (select one):  Federal, State or County election  Municipal Election

Election Type (select one):  Primary Election  General Election  Special Election

For Primary Elections only, choose ballot:  Democratic  Republican  Mountain  Non-Partisan

Note: If you are registered with the Democratic, Republican or Mountain party, you may only receive that party's primary ballot. Voters unaffiliated with any of these parties may select a party ballot or a non-partisan ballot, subject to party rules governing ballot access for non-party voters.

Current Name and WV Residence Address: (if this is a new name/address, please complete the information change form on page 2 of this application)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ County: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mail Ballot To: (Must be outside county of residence if reason checked is #1, 2, 6, 8 or 9)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: (if outside the U. S.) \_\_\_\_\_

I am applying for an absentee ballot for the following reason: (Check only ONE box below)

**A. I am not able to vote in person during the early voting period or on Election Day due to:**

- 1. Personal or business travel.
- 2. Attendance at \_\_\_\_\_ college, university or other place of education or training.
- 3. Illness, injury or other medical reason which keeps me confined. Please provide the name and telephone number of the doctor who may confirm that you are unable to vote in person.  
Doctor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_
- 4. Immobility due to advanced age or a physical disability.
- 5. 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). You must complete the statement on Page 2 of this form if reason #5 is checked.
- 6. I am an absent Uniformed Service member, spouse or dependent, or an overseas voter as defined by the Uniformed and Overseas Citizens Absentee Voting Act of 1986. You may submit this application as early as January 1 of an election year.
  - Check here to receive ballots for all elections in a calendar year. Indicate party designation in "Primary" section (above).
  - I would like to receive my ballot by:  Mail (enter address above)  Fax (enter below)  E-mail (enter below)  
Fax # (include country code, where applicable) \_\_\_\_\_ E-mail (print clearly) \_\_\_\_\_
- 7. Employment which because of hours worked and distance from the county seat makes voting in person impossible.

**B. I am required to live temporarily outside my county of residence because of:**

- 8. Service as an elected or appointed state or federal officer.
- 9. Temporary assignment by my employer for a specific period of four years or less.

**C. I am not able to vote during the period of early voting or on Election Day because:**

- 10. The county absentee voting office and my polling place are inaccessible to me due to my physical disability.

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 this form.

Signature/Mark of Voter (if "mark," witness must sign this form)

Signature of person assisting voter/witness to voter's mark (if needed)

Reason for assistance, if needed

Mail, Fax or attach this completed/signed form in an E-mail to your County Clerk's Office.  
Visit [www.wvsos.com](http://www.wvsos.com) for County Clerk contact information.

### Voter's Change of Name/Address

**Previous Name and/or WV Residence Address:** (List your current name/residence address where indicated on page 1 of this form.)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **County:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **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 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City/County

\_\_\_\_\_  
Title

### IMPORTANT REMINDER FOR ALL APPLICANTS

- You may NOT vote in person at the polls on Election Day if you have cast an absentee ballot
- This application must be RECEIVED by your county clerk (or municipal clerk for city elections\*) NO LATER THAN the 6th day before the elections. \*subject to municipal charter provisions
- More information on voter registration and elections, including county clerk contact information, may be found at [www.wvsos.com](http://www.wvsos.com) .



Published by:  
The Office of the Secretary of State  
Bldg. 1, Suite 157K  
1900 Kanawha Blvd., East  
Charleston WV 25305  
Phone 304-558-6000  
Toll free 866-767-8683  
E-mail: [elections@wvsos.com](mailto:elections@wvsos.com)  
[www.wvsos.com](http://www.wvsos.com)