

West Virginia Absentee Ballot Application

You must complete this form in your own handwriting. Exception: Voters eligible for an electronic absentee or who receive assistance because of illiteracy or physical disability are not required to complete this form in their own handwriting. See page two (2) for detailed instructions.

1 Print your name Last _____ First _____ Middle _____ Suffix _____

2 Your current WV residence address and date of birth Street (not P.O. Box) _____ County: _____
 City _____ State WV Zip Code _____ Date of Birth ____/____/____

3 Where should we mail your ballot? Address _____ Phone _____
 City _____ State _____ Zip Code _____

Uniformed and overseas voters should apply using the Federal Postcard Application available at www.fvap.gov.

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:

- Illness, injury or other medical reason which keeps me confined.
- Immobility 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 number nine (9) 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 early voting office and my polling place are inaccessible to me due to my physical disability.
- Personal business or travel. If selected, your ballot must be mailed outside of your county of residence.
- Attendance at college, university, or other place of education or training. If selected, your ballot must be mailed outside of your county of residence.
- Temporarily living outside of the county due to serving as an elected or appointed federal or state officer. If selected, your 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.

Eligibility:

4 Choose one from section A, B, or, C

B. I am applying for an electronic absentee ballot due to a physical disability that prevents me from voting by in-person and mail-in absentee voting.

If selected, enter your email address: _____

C. I am a first responder applying for an electronic absentee ballot due to being called away on duty to respond to an emergency outside my county of residence, which prevents me from voting by in-person and mail-in absentee voting.

If selected, you must apply between the 13th day before the election and 5:00 p.m. on the day before the election.

If selected, enter your email address: _____

5 Ballot Information

<p>Elections:</p> <p><input type="checkbox"/> Federal/State/County</p> <p><input type="checkbox"/> City/Town (if separate from county election, submit to your city/town clerk or recorder)</p>	<p>Election Type: (choose one)</p> <p><input type="checkbox"/> Primary</p> <p><input type="checkbox"/> General</p> <p><input type="checkbox"/> Special</p>	<p>Which political party's ballot will I receive in a Primary Election?</p> <p>I'm registered as:</p> <p>Democrat → Democrat</p> <p>Republican → Republican</p> <p>Mountain → Non-Partisan or Mountain (check with county)</p> <p>Libertarian → Non-Partisan or Libertarian (check with county)</p> <p>None of the above → Non-Partisan or request a party ballot here:</p> <p><input type="checkbox"/> Democrat <input type="checkbox"/> Republican</p> <p><input type="checkbox"/> Mountain (check with county) <input type="checkbox"/> Libertarian (check with county)</p>
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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 \$1,000 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.

6 Declaration

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): _____