West Virginia Absentee Ballot Application

**Instructions**
- Complete steps one (1) – six (6) on pages one (1) – two (2) of this form in your own handwriting. Remember to sign your form. 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.
- Complete steps seven (7), eight (8), and/or nine (9) if they apply to you:
  - A person assisting a voter must sign the oath on number seven (7).
  - If you moved to a different address within your county or changed your name and have not updated your registration, enter your previous information in number eight (8).
  - If voting absentee because of incarceration or detention, the Statement of Sheriff, Chief of Police or Authorized Deputy in number nine (9) of this form must be completed.

**How to Submit Your Application**
- If you are applying for a federal/state/county election, mail, fax, or email your application to your county clerk.
- If you are applying for a city/town election that is separate from your county election, mail, fax, or email your application to your city/town clerk or recorder.
- Visit GoVoteWV.com for contact information.

**When to apply**
- You must apply separately for each election. The application period begins not earlier than January 1 of an election year or 84 days preceding the election, whichever is earlier.
  - **First day to apply for the 2022 Statewide General Election**: August 16, 2022.
  - If you are applying for a Federal/State/County election, your county clerk must receive your application by the sixth (6th) day before the election.
  - **Deadline to apply for the 2022 Statewide General Election**: November 2, 2022.
  - If you are applying for a city/town election that is separate from your county election, your city/town clerk or recorder must receive your application by the sixth (6th) day before the election.
  - **If you are an eligible first responder called away on duty**, you may apply to vote an electronic ballot beginning the thirteenth (13th) day before the election, and not later than 5:00 p.m. on the day before the election.

<table>
<thead>
<tr>
<th>1</th>
<th>Print your name</th>
<th>Last ___________________________</th>
<th>First ___________________________</th>
<th>Middle ______________________</th>
<th>Suffix ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Your current WV residence address and date of birth</td>
<td>Street (not P.O. Box) ___________________________________________________</td>
<td>County: ______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City _____________________________</td>
<td>State __________________/WV/</td>
<td>Zip Code ____________________</td>
<td>Date of Birth <strong>/<strong><strong>/</strong></strong></strong>_</td>
</tr>
<tr>
<td>3</td>
<td>Where should we mail your ballot?</td>
<td>Address __________________________</td>
<td>Phone _________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>City _____________________________</td>
<td>State __________________/WV/</td>
<td>Zip Code ____________________</td>
<td></td>
</tr>
</tbody>
</table>

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

**Eligibility: Choose one from section A, B, or C**

**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.
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Eligibility (Cont.):

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 submit this application between October 26, 2022, and 5:00 PM November 7, 2022.

B. ☐ I am 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.

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.

Statement of Sheriff, Chief of Police or Authorized Deputy

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 ____________________________ Title ____________________________

Election (choose one): Election Type: Which political party’s ballot will I receive in a Primary Election?

☐ Federal/State/County ☐ Democrat

☐ City/Town (if separate from county election, submit to your city/town clerk or recorder) ☐ Republican

☐ Primary ☐ Mountain

☐ Special ☐ Non-Partisan or Mountain (check with county)

☐ General ☐ Non-Partisan or Libertarian (check with county)

☐ None of the above ☐ None-Partisan or request a party ballot here:

☐ Democrat ☐ Republican

☐ Libertarian (check with county)

Ballot Information

I'm registered as: Ballot you will receive:

Previous Name (if applicable):

If you moved within your county or changed your name, enter your previous information

Signature/mark of voter (if mark, witness must sign) X

Signature of witness to voter’s mark (if needed) __________________________________________________________ Date: ________________

Reason for assistance (if needed): __________________________________________________________ Date: ________________

Signature of person assisting voter __________________________________________________________ Date: ________________

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 of person assisting voter __________________________________________________________ Date: ________________

If you moved within your county or changed your name, enter your previous information

Previous Residence Address (if applicable)

Previous Name (if applicable): Last __________________________ First __________________________ Middle __________________________ Suffix __________________________

Street (not P.O. Box) __________________________ County: __________________________

City __________________________ State _WV_ Zip Code ________________