STATE OF WEST VIRGINIA

Application for Voting an Emergency Absent Voter's Ballot
According to the Provision of W.Va. Code §3-3-5c

Precinct #

Name: ___________________________________________ Date: __________________

Residence Address: ______________________________________________________________________________________

County of Residence: ______________________________________________________________________________________

Political Party Affiliation: ___________________________ Date of Birth: __________________

Reason for Requesting an Emergency Absentee Ballot: (check one box)

☐ A. I am confined in a hospital or other healthcare facility within my county of residence or other authorized area
   on election day;
   Name of Attending Physician: ___________________________
   Physical Address of Place of Confinement: ___________________________

   Reason for Confinement: ______________________________________________________________________________________

☐ B. I have resided for less than 30 days in a nursing home within my county of residence and am unable
   to vote in person (provided the county commission has adopted a policy extending emergency
   absentee voting procedures to such situation).

☐ C. I have become confined, on or after the seventh day preceding an election, to a specific location
   within the county because of illness, injury, physical disability, immobility due to advanced age, or
   another medical reason (provided the county commission has adopted a policy extending emergency
   absentee voting procedures to such situation; if required by county policy, a licensed physician,
   physician’s assistant, or advanced practice registered nurse must sign to confirm you meet this
   criteria on page 2 of this form).

☐ D. I am working as a replacement poll worker and I am assigned to a precinct out of my voting district, and the
   assignment was made after the period for early voting in person.

Knowing that I can be fined up to $1000 or imprisoned in the county jail for up to one year or both such fine and
imprisonment for knowingly making a false statement or representation herein, as provided in Section three, Article
nine, Chapter three of the Code of West Virginia, I do hereby certify that the statements and declarations contained in
this application are true and correct to the best of my knowledge and belief.

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

_______________________________________________
Signature of witness to voter’s mark (if needed)

Reason for assistance, if needed

Oath of Voter’s Assistant: I, a person giving assistance to a voter and signing below, hereby swear or affirm 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 assisting voter
CONFIRMATION OF ELIGIBILITY
If required by county policy, voters who apply to vote emergency absentee due to confinement to a specific location (option C on page 1) must submit the confirmation below from a licensed physician, physician’s assistant, or advanced practice registered nurse complete the confirmation below. (W. Va. Code §3-3-1)

Name: ____________________________________________

I am a:

☐ Physician
☐ Physician’s assistant
☐ Advanced Practice Registered Nurse

I hereby confirm that ______________________________ has become confined, on or after the seventh day preceding an election, to a specific location within the county because of:

☐ Illness
☐ Injury
☐ Physical disability
☐ Immobility due to advanced age
☐ Other medical reason

____________________________________________________________
Signature of licensed physician, physician’s assistant, or advanced practice registered nurse
DECLARATION OF EMERGENCY ABSENTEE BALLOT COMMISSIONERS
WV Code §3-3-5c(f)

We, ___________________________ and ___________________________, hereby declare that we are the duly appointed emergency absent voter's ballot commissioners; that we received this application at ____________ on the ______ day of ________________, __________, and have met the applicant, whose name appears on the application (page 1), at his/her place of confinement on the ______ day of ________________, __________, the date of the election.

We have determined that the applicant has been confined since ______________________ because of (should there be a line)

______________________________________________________________________________

Reason for Voting Emergency Absentee Ballot

We swear under oath that the ballot was voted by no one other than the absent voter him/herself.

___________________________________________  ______________________________________
Emergency Absentee Ballot Commissioner's signature  Emergency Absentee Ballot Commissioner's signature

____________________  ______________________
Date  Date

(Voter or individual assisting voter must complete page 1, the Application for Voting an Emergency Absent Voter's Ballot.)

Please Note: A voter who votes an absentee ballot is not permitted to vote in person at the polls on Election Day. (WV Code §3-3-9)