

West Virginia Application to be Placed on Permanent Absentee Voting List

W. Va. Code §3-3-2b

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 <u>WV</u> Zip Code _____ Date of Birth ____/____/____
3	Where should we mail your ballot?	Address _____ Phone _____			City _____ State _____ Zip Code _____
4	Eligibility: Choose <u>one</u>	<input type="checkbox"/> Mail me a ballot in every election because I am unable to vote at any available polling location in any election due to participation 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. <input type="checkbox"/> Mail me a ballot in every election because I am unable to vote at any available polling location in any election due to a permanent, physical disability. <u>"Statement of Physician" on page 2 is required.</u> Please describe the nature of your disability below: <input type="checkbox"/> I am unable to vote at any available polling location in any election, and I am unable to vote a paper ballot without assistance, due to a permanent, physical disability. If you will receive assistance in voting, the person assisting must also sign this application. <u>"Statement of Physician" on page 2 is required.</u> How would you like to receive your ballot? <input type="checkbox"/> By Mail <input type="checkbox"/> Electronically If you wish to receive your ballot electronically, enter your email address: _____ Please describe the nature of your disability:			
5	Ballot Information	Which political party's ballot will I receive in a Primary Election? I'm registered as: Ballot you will receive: Democrat → Democrat Republican → Republican Mountain, Libertarian, or Constitution → Non-Partisan or your party's ballot (check with county) None of the above → Non-Partisan or request a party ballot (if party allows) here: <input type="checkbox"/> Democrat <input type="checkbox"/> Constitution (check with county) <input type="checkbox"/> Mountain (check with county) <input type="checkbox"/> Libertarian (check with county)			
6	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. <u>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.</u> Furthermore, I understand that if I vote absentee I am not permitted to vote in person at the polls during Early Voting or Election Day. 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 must sign) X _____ Date: _____ Signature of witness to voter's mark (if needed) _____ Date: _____ Reason for assistance (if needed): _____			
7	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 assisting voter _____ Date: _____			

Statement of Physician

Required from voters with physical disabilities

I, _____, hereby declare that I am a physician duly licensed to practice medicine;
that I have examined the applicant whose signature appears on this application on the _____ day of
_____, _____; and that such person has a permanent, physical disability as described below:

; and therefore, is unable to vote in person at the polls during an election.

Signature of Physician _____

Date _____

Important Reminders

1. In order to receive a ballot in the upcoming election, your county clerk must receive your completed application by the sixth (6) day before the election. Your clerk will mail you an absentee ballot for each election from then on.
2. Your county clerk begins mailing ballots the forty-sixth (46) day before the election.
3. You may not vote in person at the polls during Early Voting or Election Day if you vote an absentee ballot by mail.
4. Voters with no party affiliation should contact their county clerk if they wish to vote a ballot other than the non-partisan ballot in a primary election.

Visit www.wvsos.gov for a list of county clerk addresses.



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