



# STATE OF WEST VIRGINIA

## Application for Voting an Absent Voter's Ballot by Mail/Fax

APPLICANT: Provide all requested information. Please print.

Application must be mailed to County or Municipal Clerk by \_\_\_\_\_

- Applying for ballot for: (check one in each column)
- |  |   |
|--|---|
| <input type="checkbox"/> Federal, statewide or county election | <input type="checkbox"/> Primary election - _____ Party ballot (see back) |
| <input type="checkbox"/> Municipal election                    | <input type="checkbox"/> General election                                 |
|  | <input type="checkbox"/> Special election scheduled on _____              |

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Precinct# \_\_\_\_\_

Residence Address & County \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail Ballot to: (address must be outside county if reason checked is 1,2,6,8,or9): \_\_\_\_\_

### Name/Address Change?

If you have provided an address or name that is different from that on your voter registration record and you have not informed the county clerk of this change, please indicate the previous information on the line below. **You may only do this if you have moved within the county.**

**I am requesting an absentee ballot for the following reason (check only one numbered box):**

#### A. I am not able to vote in person during the 20 days prior to the election and on election day because:

- 1. Personal or business travel.
- 2. My attendance at \_\_\_\_\_ college, university, or other place of education.
- 3. Illness, injury, or other medical reasons which keep me confined. The law requires that you give the name and telephone number of your doctor who can confirm that you are unable to vote in person.  
Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4. Physical disability or immobility due to extreme advanced age.
- 5. Incarceration or detention in jail or home. I am not under conviction (including period of probation or parole of any felony, of treason or of bribery in an election. If checking this box, the affidavit on the back of this form must be filled out.
- 6. I am an absent uniformed services member, spouse or dependent or overseas voter as defined by the Uniformed and Overseas Citizens Absentee Voting Act of 1986;  Check here if you are requesting **all** ballots in an election year. You must apply separately to your city clerk for municipal ballots.  
 I would like to receive my ballot by fax. Fax #: \_\_\_\_\_
- 7. Employment which because of hours worked and distance from the county 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 federal or state officer.
- 9. Temporary assignment by my employer for specific period of four years or less.

#### C. I am not able to vote in person during the 20 days prior to the election and on election day because:

- 10. The county absentee voting office and the polling place at which I am registered is inaccessible to me because (state reason for inaccessibility of polling place): \_\_\_\_\_

**I do hereby certify the information given 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 knowingly making a false statement on this application is subject to the penalties for false swearing, a fine of up to \$1000 and up to one year imprisonment. If I am being assisted with my ballot, the reason for assistance is stated below and the person assisting me has signed this form.**

\_\_\_\_\_  
Signature /Mark of Voter  
(if voter is illiterate,application must be witnessed below)

\_\_\_\_\_  
Signature of person assisting voter (if needed)

\_\_\_\_\_  
Reason for Assistance (if needed)

## 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 \_\_\_\_\_, \_\_\_\_\_, the date of the election, and is not under conviction of treason, bribery, or a felony.

\_\_\_\_\_  
Name of Detention Facility

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

### IMPORTANT REMINDERS TO ALL APPLICANTS!

- \* You may NOT vote in person at the polls on election day if you vote 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 election in order for a ballot to be mailed to you.
- \* In order to receive the appropriate primary ballot you must note a party choice on the application. Please contact a party representative, your county clerk, or visit [www.wvvotes.com](http://www.wvvotes.com) for new rules on requesting primary ballots.



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For Office Use Only:

Provisional: \_\_\_\_\_

Ballot Received: \_\_\_\_\_