

STATE OF WEST VIRGINIA

Application to Be Placed on Special Absentee Voting List

according to the provisions of WV Code §3-3-2b

APPLICANT: Please provide all requested information. Please print.

Name _____ Date of Birth _____

Political Party Affiliation _____ Precinct# _____

Home Residence Address _____
& County of Residence _____

I do hereby certify that the information given is true, that I reside at the address given, and that I am qualified and registered to vote in this county.

I am permanently and totally physically disabled due to the following reason(s).

Because of the above reason(s), I am unable to vote at any available polling location in any election; therefore I am requesting that my name be place on the special absentee voting list. I understand that my name will remain on such list until I request it to be removed, my residence address changes to another county, a ballot mailed to the address I have provided is returned undeliverable by the United States postal service, or I die.

I will need assistance in voting. (Check this box if assistance is needed. The person assisting you must also sign this application.)

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.

Signature /Mark of Voter (if voter is illiterate, he shall make his mark and have it witnessed on the following line)

Signature of person assisting voter (if needed)

Signature of witness (if needed)

Reason for Assistance (if needed)

**'STATEMENT OF PHYSICIAN' ON REVERSE SIDE IS *REQUIRED*
IN ORDER FOR APPLICATION TO BE COMPLETE**

A voter who votes by absentee is not permitted to vote in person at the polls on election day. (WV Code §3-3-9)

STATEMENT OF PHYSICIAN

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 is permanently and totally physically disabled due to the following reason (s) _____

and therefore would be unable to vote in person at the polls at an election.

Signature of Physician

Date

MAKE SURE APPLICATION ON REVERSE SIDE IS COMPLETE.

IMPORTANT REMINDERS TO ALL APPLICANTS!

1. This application places you on the Special Absentee Voting List which allows the clerk to automatically send you an application to vote an absentee ballot by mail.
2. The application for an absentee ballot by mail must be completed by you and received by your 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.
3. You may NOT vote in person at the polls on election day if you vote an absentee ballot by mail.



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