

West Virginia Absentee Ballot Application

You must apply separately for each election.* Applications may be received no earlier than 84 days before an election and no later than 6 days before an election.*
*Does not apply to reason #6—see reason #6 for details.

Applying for (select one): Federal, State or County election Municipal Election

Election Type (select one): Primary Election General Election Special Election

For Primary Elections only, choose ballot: Democratic Republican Mountain Non-Partisan

Note: If you are registered with the Democratic, Republican or Mountain party, you may only receive that party's primary ballot. Voters unaffiliated with any of these parties may select a party ballot or a non-partisan ballot, subject to party rules governing ballot access for non-party voters.

Current Name and WV Residence Address: (If this is a new name/address, please complete the information change form on page 2 of this application)

Name: _____ Date of Birth: ___/___/___ County: _____
Street: _____ City: _____ Zip Code: _____

Mail Ballot TO: (Must be outside county of residence if reason checked is #1, 2, 6, 8 or 9)

Street: _____
City: _____ State: _____ Zip Code: _____ Country: (If outside the U. S.) _____

I am applying for an absentee ballot for the following reason: (Check only ONE box below)

A. I am not able to vote in person during the early voting period or on Election Day due to:

- 1. Personal or business travel.
- 2. Attendance at _____ college, university or other place of education or training.
- 3. Illness, injury or other medical reason which keeps me confined. Please provide the name and telephone number of the doctor who may confirm that you are unable to vote in person.
Doctor's Name _____ Telephone # _____
- 4. Immobility due to advanced age or a physical disability.
- 5. 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). You must complete the statement on Page 2 of this form if reason #5 is checked.
- 6. I am an absent Uniformed Service member, spouse or dependent, or an overseas voter as defined by the Uniformed and Overseas Citizens Absentee Voting Act of 1986. You may submit this application as early as January 1 of an election year.
 - Check here to receive ballots for all elections in a calendar year. Indicate party designation in "Primary" section (above).
 - I would like to receive my ballot by: _____ Mail (enter address above) _____ Fax (enter below) _____ E-mail (enter below)
Fax # (include country code, where applicable) _____ E-mail (print clearly) _____
- 7. Employment which because of hours worked and distance from the county seat 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 state or federal officer.
- 9. Temporary assignment by my employer for a specific period of four years or less.

C. I am not able to vote during the period of early voting or on Election Day because:

- 10. The county absentee voting office and my polling place are inaccessible to me due to my physical disability.

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. 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. If I require assistance with my ballot, the reason for the assistance is stated below and the person who will assist me has signed this form.

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

Signature of person assisting voter/witness to voter's mark (if needed)

Reason for assistance, if needed

Mail, Fax or attach this completed/signed form in an E-mail to your County Clerk's Office:
Visit www.wvsos.com for County Clerk contact information.

OFFICE USE ONLY: ABS APP RCVD _____ BALLOT SENT _____ BALLOT RCVD _____ PG1 FORM A2 SOS V. 03/11

Please return to Ms. Genz Long City Recorder
232 N. Queen St. Martinsburg, WV 25401
along@cityofmartinsburg.org

Voter's Change of Name/Address

Previous Name and/or WV Residence Address: (List your current name/residence address where indicated on page 1 of this form.)

Name: _____ Date of Birth: ___/___/___ County: _____

Street: _____ City: _____ Zip Code: _____

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 _____, 20____, the date of the election, and is not under conviction of treason, bribery in an election, or felony.

Name of Detention Facility

Signature

City/County

Title

IMPORTANT REMINDER FOR ALL APPLICANTS

- You may NOT vote in person at the polls on Election Day if you have cast 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 elections. *subject to municipal charter provisions
- More information on voter registration and elections, including county clerk contact information, may be found at www.wvsos.com.



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