Precinct # _____

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.

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

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

Choosing your ballot type: If you are registered with the Democratic, Republican or Mountain Party, you may only receive that party's primary ballot; voters not registered with any of these parties may select any of the choices below.

For Primary Elections only, choose ballot: (check one)

____**Democratic** ____**Republican** ____**Mountain** ____ **Non-Partisan**

Libertarian party will only receive the non-partisan ballot for the 2014 primary election. This party is nominating by convention

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, 9 or 10)**

Street:_____ **Telephone:** _____

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.
- ☐ 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. Employment which because of hours worked and distance from the county seat makes voting in person impossible.
- ☐ 7. I am a participant in the Address Confidentiality Program (ACP) with the Office of the Secretary of State.
- ☐ 8. *The county absentee voting office and my polling place are inaccessible to me due to my physical disability.*

B. I am required to live temporarily outside my county of residence because of:

- ☐ 9. Service as an elected or appointed state or federal officer.
- ☐ 10. Temporary assignment by my employer for a specific period of four years or less.

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 the oath on this form.

_____ _____

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

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_____

Precinct # _____

Voter's Change of Name/Address

If you have changed your name or address and have not changed your voter registration, please provide the following information so that your voter registration record can be updated.

Previous Name and/or WV Residence Address:

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 or home confinement 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 election. If you are an ACP participant please send your application to the Office of the Secretary of State. *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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