

STATE OF WEST VIRGINIA

Application to be Placed on Special Absentee Voting List
According to the provisions of WV Code §3-3-2b

Name _____ Date of Birth _____

Political Party Affiliation _____ County _____

Home Residence Address _____

(City)

(State)

(Zip Code)

I am unable to vote at any available polling location in any election due to one of the reasons below, and I would like my name to be placed on the special absentee voting list:

- 1) I am a participant in the West Virginia Secretary of State's Address Confidentiality Program.
- 2) I have a permanent, physical disability that prevents me from going to the polling place.
Please describe the nature of your disability on the lines provided below:

Will you need assistance in voting? _____ Yes _____ No
(If you check "Yes", the person assisting must also sign this application)

Once your application is accepted, your name will remain on the special absentee voting list to receive a ballot by mail in every election until one of the following occurrences:

- You submit a written request to your county clerk to be removed from the list
- You move from the county or become ineligible to vote
- Your ballot is mailed to the address provided and returned undeliverable from the U.S. Postal Service
- If you are a participant of the Address Confidentiality Program, you withdraw or are removed from the program

I do hereby certify that the information given is true, that I reside at the address provided, and that I am qualified and registered to vote in the county stated above. I understand that knowingly making a false statement on this application is subject to the penalties of false swearing, a fine up to \$1000 and up to one year imprisonment. 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.

Signature/Mark of Voter
(If voter is illiterate, he or she shall sign 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)

If you are applying because you have a disability, the "Statement of Physician" on page 2 is required

STATEMENT OF PHYSICIAN

Required from voters with a disability

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 TO ALL APPLICANTS

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.com for a list of county clerk addresses.