

Mail-In Voter Registration Application

West Virginia

You Can Use This Form To:

- ♦ apply to register to vote in West Virginia
- ♦ change your address or name on your voter record
- ♦ change your political party on your voter record

Follow These Steps To Complete Form:

Note: If available, use black ink & print.

- Box 1.** (required) Give your full name--(last name, first name, middle or maiden name--no nicknames)
- Box 2.** (required) Give your birth date--(month/day/year).
- Box 3.** (required) Enter your driver's license number or the last four numbers of your social security number. If you do not have a driver's license number or a social security number, an identification number will be assigned to you. If this form is submitted by mail & it is the first time you have registered to vote in this county, you **MUST submit a copy of a current and valid ID with this application** or at the polls the first time you vote. To send it with this application you should enclose one of the following:
(1) A copy of a current & valid photo ID with current residence address *or*
(2) A copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and current residence address.

- Box 4.** (required) Provide residence & mailing addresses. If the address where you live does not include a street name & number, describe where you live by giving a road number, intersection, or landmark to help identify your precinct. (for example: 5 miles past church on the right, City, WV ZipCode) For military, overseas, or students, list your military / school address as your mailing address & your legal West Virginia address for the residence address. Provide a mailing address (for example: Rt. 5, Box 3, City, WV ZipCode) if it is different than where you live.
- Box 5.** Mark if you live within city limits.
- Box 6.** Give the telephone number where you can be reached during the day.
- Box 7.** Circle "M" for male or "F" for female.
- Box 8.** Mark the party of your choice, list another party on the line provided or mark the "No Party Choice" box.
- Box 9.** Check if this is a new registration, a name / address change or a party change.

QUESTIONS?

CALL TOLL FREE 1-866-SOS-VOTE

West Virginia Secretary of State

Registration Deadline:

You may register at any time. In order to vote in an election, you must be registered twenty (20) days before that election.

Mailing Directions:

Provide all required information (1, 2, 3, 4 & 10) before mailing form to county clerk.

Box 10. (required) Check applicable boxes & sign your name if you meet these requirements. Signature must match the name given in Box 1. **Note:** It is a felony to sign this form if you know you do not meet the requirements listed in Box 10.

Box 11. If you were registered before, enter your full name & complete address as they were on your last registration.

I would like to be a pollworker.

ATTENTION APPLICANT FOR REGISTRATION!

- * FOLLOW THE INSTRUCTIONS CAREFULLY AND COMPLETE THE ENTIRE FORM IN INK.
- * BE SURE TO SIGN YOUR LEGAL NAME IN THE SIGNATURE BOX.
- * MAIL YOUR APPLICATION TO THE COUNTY CLERK OF YOUR HOME COUNTY.
- * REMEMBER, THIS IS AN APPLICATION FOR REGISTRATION. If the confirmation card mailed to your home address is returned undeliverable or you are not eligible, you will not be registered.
- * ON ACCEPTANCE, A VOTER REGISTRATION CARD WITH YOUR PRECINCT NUMBER WILL BE MAILED TO YOU.

1.	LAST NAME:	FIRST NAME:	MIDDLE <u>OR</u> MAIDEN NAME:	2.	BIRTH DATE: / /	3.	DRIVER'S LICENSE # - or -	PRECINCT:	
4.	GIVE ADDRESS WHERE YOU LIVE OR A DESCRIPTION OF ADDRESS WHERE YOU LIVE: <small>(For Example: 5 miles past church on the right, City, WV ZipCode)</small>			COUNTY WHERE YOU LIVE:		SOC. SEC. LAST 4 #'S XXX -XX - ____		REGISTRATION NO:	
	LIST YOUR MAILING ADDRESS HERE: <small>(For Example: Rt. 5, Box 3, City, WV ZipCode)</small>			5.	<input type="checkbox"/> I live within city limits.	6.	DAYTIME PHONE:	ID/CONFIRMATION:	
8.	PARTY CHOICE -- CHECK <u>ONE</u> BOX <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> OTHER PARTY _____ <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> NO PARTY CHOICE <input type="checkbox"/> MOUNTAIN <i>If a party choice is NOT marked, you will be listed as having No Party Choice</i>			<u>Please Note</u> You may vote a party primary ballot only if you are registered with that party. However, some parties may allow voters who are not affiliated with their party to vote their ballot upon request.		7.	GENDER: Circle One M F	DATE RECEIVED:	
				9.	THIS IS A: <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> NAME and/or ADDRESS CHANGE <input type="checkbox"/> PARTY CHANGE				
10.	VOTER DECLARATION -- READ, CHECK BOXES AND SIGN I SWEAR OR AFFIRM THAT: <input type="checkbox"/> I am a United States citizen; <input type="checkbox"/> I live in West Virginia at the above address; <input type="checkbox"/> I am at least 18 years old or am 17 years old and will be 18 years old on or before the next general election; <input type="checkbox"/> I am not currently under conviction, probation or parole for a felony, treason or election bribery; and <input type="checkbox"/> I have not been judged mentally incompetent in a court of competent jurisdiction.			SIGN YOUR NAME IN THE SPACE BELOW: <div style="border: 1px solid black; width: 100%; height: 100%; margin: 10px 0;"></div> <div style="border: 1px solid black; width: 100%; height: 100%; margin: 10px 0;"></div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> First Name Middle /Maiden Name Last Name </div> <p>WARNING: If this statement is untrue and you sign it, you will be guilty of a felony and upon conviction can be fined up to \$5,000.00 and/or jailed up to three (3) years.</p>					OFFICE INFO:
11.	Name and Address of Last Voter Registration Name _____ Street _____ City _____ County _____ State _____			For an application to be complete, boxes 1, 2, 3, 4 and 10 must be completed .					
R-2 8-03			LAST NAME	FIRST NAME	M. INIT.	NO. & STREET		PRECINCT	