

# 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.

<b>1.</b>	LAST NAME:	FIRST NAME:	MIDDLE <u>OR</u> MAIDEN NAME:	<b>2.</b>	BIRTH DATE: / /	<b>3.</b>	DRIVER'S LICENSE #  - or -	PRECINCT:	
<b>4.</b>	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>					<b>5.</b>	<input type="checkbox"/> I live within city limits.	<b>6.</b>	DAYTIME PHONE:	
<b>8.</b>	<b>PARTY CHOICE -- CHECK ONE BOX</b> <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.		<b>7.</b>	GENDER:    Circle One <b>M</b> <b>F</b>	DATE RECEIVED:
					<b>9.</b>	<b>THIS IS A:</b> <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> NAME and/or ADDRESS CHANGE <input type="checkbox"/> PARTY CHANGE			
<b>10.</b>	<b>VOTER DECLARATION -- READ, CHECK BOXES AND SIGN</b> 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.				<b>SIGN YOUR NAME IN THE SPACE BELOW:</b>  <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;"> <span>First Name</span> <span>Middle /Maiden Name</span> <span>Last Name</span> </div> <p><b>WARNING:</b> 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:
<b>11.</b>	<b>Name and Address of Last Voter Registration</b> Name _____ Street _____ City _____ County _____ State _____			<b>For an application to be complete, boxes 1, 2, 3, 4 and 10 must be completed .</b> LAST NAME                      FIRST NAME                      M. INIT.                      NO. & STREET					

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