

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.** Give your legal name--(last name, first name, middle or maiden name--no nicknames)
(required)
- Box 2.** Give your birth date--(month/day/year).
(required)
- Box 3.** Enter your driver's license number. If you do not have a driver's license number, enter 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:
(required)
- (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.** 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 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 if it is different than where you live.
(required)
- 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. (Please note: mark "No Party Choice" if you wish to be an "independent" or no party.) You may vote a party primary ballot only if you are registered with that party. However, some parties may allow voters who are not registered with their party to vote their party's ballot upon request.
- Box 9.** Check if this is a new registration, a name/address change, or a party change.

QUESTIONS?

Go to www.WVvotes.com or
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-one (21) days before that election.

Mailing Directions:

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

Box 10. 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.
(required)

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

Motor Voter registrants please note: If you decline to register to vote, your decision will remain confidential. When you register to vote, your information will remain confidential and may be used only for voter registration purposes.

1.	LASTNAME: _____	FIRSTNAME: _____	MIDDLE OR MAIDEN NAME: _____	2.	BIRTHDATE: _____ / ____ / ____	3.	DRIVER'S LICENSE # _____ <small>If no driver's license, submit</small>	PRECINCT		
4.	GIVE THE ADDRESS WHERE YOU LIVE OR THE PHYSICAL LOCATION OF WHERE YOU LIVE:			COUNTY WHERE YOU LIVE: _____		SOC. SEC. LAST 4 #'S XXX - XX - ____ - ____ <small>I do not have a driver's license # or a social security #.</small> <input type="checkbox"/>		VOTER ID:		
5.	LIST YOUR COMPLETE MAILING ADDRESS HERE: (ADDRESS, CITY, STATE AND ZIP)			<input type="checkbox"/> I live within city limits.		6.	DAYTIME PHONE: _____	DATE CONFIRMATION:		
8.	PARTY CHOICE -- CHECK ONE BOX <i>If a party choice is NOT marked, you will be listed as having No Party Choice</i> <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> NO PARTY CHOICE ◀ <i>(Mark here if you wish to be an "independent" or no party)</i> <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> OTHER PARTY _____					7.	GENDER: Circle One M F	DATE RECEIVED:		
<i>Please Note: for an application to be complete, boxes 1,2,3,4 and 10, including the signature box, MUST be completed.</i>						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 -- I swear or affirm that: READ AND CHECK ALL BOXES THAT APPLY: <input type="checkbox"/> I am NOT currently under conviction, probation or parole for a felony, treason or election bribery; <input type="checkbox"/> I have NOT been judged mentally incompetent in a court of competent jurisdiction; <input type="checkbox"/> YES I live in West Virginia at the above address; 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. <input type="checkbox"/> YES I am a United States citizen; and <input type="checkbox"/> YES 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"/> YES I would like to be a pollworker.			SIGN YOUR NAME IN THE SPACE BELOW: <div style="border: 1px solid black; height: 100px; width: 100%; margin: 10px 0;"></div> <div style="display: flex; justify-content: space-around; font-size: small;"> First Name Middle /Maiden Name Last Name </div>			11.	Name and Address of Last Voter Registration Name _____ Street _____ City _____ County _____ State _____		PRECINCT