

West Virginia Voter Registration Application

Please follow these steps to complete this form. (Please PRINT in blue or black ink.)

- Box 1:** Select your party choice. If you do not make a selection, you will be registered as "unaffiliated." Some political parties may allow voters not affiliated with their party to cast a ballot in their party's primary elections.
- Box 2:** Indicate if this is a new registration, party change, or name/address change.
- Box 3.*** Provide your full legal name, including any suffix (Jr., Sr., III, etc.).
- Box 4.*** Provide your date of birth (MM/DD/YYYY). You must be at least seventeen years old to apply to register to vote and will be eighteen on or before the next general election.
- Box 5.*** Enter your WV driver's license or DMV-issued non-driver's ID number. If you do not have a WV driver's license or DMV-issued ID, enter the last four digits of your social security number. If you do not have a driver's license, DMV ID or a social security number, enter the word "NONE". An ID number will be assigned to you.
- Box 6.*** Line 1 Provide your legal residence address (do not enter a P.O. Box.)** Include the name of the county where you reside.
Line 2 Provide your mailing address, if different from your legal residence address.

- Box 7:** Provide an email address.
- Box 8:** Enter the address where you were last registered to vote and the name under which you were registered.
- Box 9:** Indicate your gender.
- Box 10:** Provide a telephone number.
- Box 11:** Check if you would like to be contacted about serving as a poll worker.
- Box 12:*** Carefully read the statement. If the statement is true, sign and date where indicated. Knowingly providing false information is perjury, punishable on conviction by confinement in a penitentiary for not less than one nor more than ten years.

QUESTIONS?
Contact your local county clerk or go to www.wvsos.com
Call toll-free
1-866-767-8683
West Virginia Secretary of State

REGISTRATION DEADLINE: You may submit a registration application at any time. However, in order to vote in an election, you must register twenty-one (21) days before that election. For county clerk contact information, including mailing addresses, please visit www.wvsos.com.

If you are registering to vote for the first time in West Virginia, or for the first time in this county and you have not cast a vote in a federal election in this state, you must submit a copy of a current and valid ID with this application or the first time you vote. To submit with this form, include: 1) a copy of a current and valid photo ID, 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.

*Required information. Your registration cannot be processed without this information.

**Overseas citizens who no longer reside in the U.S. may enter the last address at which they legally resided. Uniformed service voters should check with the Federal Voting Assistance Program for current instructions: www.fvap.gov.

NOTICE: You may vote a party primary ballot only if you are registered with that party. However, parties may allow voters who are not affiliated with their party to vote their ballot upon request.								FOR OFFICIAL USE	
								PRECINCT:	
1 PARTY: <input type="checkbox"/> DEMOCRATIC <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> LIBERTARIAN <input type="checkbox"/> NO PARTY <input type="checkbox"/> OTHER				4* DATE OF BIRTH Mo Day Yr / /				VOTER ID:	
2 <input type="checkbox"/> NEW REGISTRATION <input type="checkbox"/> PARTY CHANGE <input type="checkbox"/> NAME/ADDRESS CHANGE				COUNTY		5* WV DRIVER'S LICENSE # or WV DMV ISSUED ID #:		ID CONFIRMATION:	
3* LAST NAME FIRST NAME MIDDLE NAME SUFFIX									
6* RESIDENCE ADDRESS				<input type="checkbox"/> I LIVE WITHIN CITY LIMITS		Last four digits of your Social Security #: XXX-XX- _ _ _ _		DATE RECEIVED:	
STREET _____ APT _____ CITY _____ STATE _____ ZIP _____									
MAILING ADDRESS				7 EMAIL (Office Use)					
STREET _____ APT _____									
CITY _____ STATE _____ ZIP _____						9 GENDER <input type="checkbox"/> M <input type="checkbox"/> F			
8 YOUR NAME AND ADDRESS WHERE YOU LAST REGISTERED TO VOTE						10 TELEPHONE (Office Use)			
11 <input type="checkbox"/> I WOULD LIKE TO BE A POLL WORKER									
12* I swear or affirm that:				DATE: _____		SIGNATURE _____		PRECINCT:	
<input type="checkbox"/> I am a citizen of the United States; <input type="checkbox"/> I am at least 17 years of age and will be 18 on or before the next general election; <input type="checkbox"/> I am a legal resident of WV and of the county where I am applying; <input type="checkbox"/> I am not currently under conviction, probation or parole for election bribery, treason, or any felony; and <input type="checkbox"/> I have not been judged incompetent by a court of competent jurisdiction.									

R-3
09/17

ITEMS MARKED WITH AN "*" ARE REQUIRED FOR PROCESSING THIS APPLICATION.

City _____
 WV _____
 zip _____

County Courthouse _____

OFFICIAL ELECTION MATERIAL

CLERK OF THE COUNTY COMMISSION

POST OFFICE WILL NOT
 DELIVER WITHOUT
 POSTAGE



PLACE
 STAMP
 HERE

Return Address

	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
1 1 1 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3	7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LAST NAME	FIRST NAME	MIDDLE INIT.	PCT.
MUNICIPAL SPECIAL ELECTION			RECORD OF PARTY AFFILIATION			
MUNICIPAL PRIMARY ELECTION			DATE	PARTY		CLERK
MUNICIPAL GENERAL ELECTION						
STATE-COUNTY SPECIAL ELECTION			RECORD OF NOTICES			
STATE-COUNTY PRIMARY ELECTION			DATE	TYPE	RESPONSE	CLERK
STATE-COUNTY GENERAL ELECTION						
	(Record fact of voting with a check (✓) mark in the proper space. At primaries record fact of voting by use of party initial or initials.)					
RECORD OF RESIDENCE						
PCT.	CITY	ADDRESS	APT. OR ROOM NO.	DATE		CLERK