STATE OF NEW HAMPSHIRE

Application for State Election Absentee Ballot-RSA 657:4

Absence, Religious Observance, or Disability

(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)

For Official Use Only
Voter Not registered ☐

Voter ID # _____

Date Returned: __/__/____

Date Mailed: __/__/____

Date Requested: __/__/____

Last Name: _____

First Name: _____

I. I hereby declare that (check one):

☐ I am a duly qualified voter who is currently registered to vote in this town/ward.

☐ I am absent from the town/city where I am domiciled and will be until after the next election, or I am unable to register in person due to a disability, and request that the forms necessary for absentee voter registration be sent to me with the absentee ballot.

II. I will be entitled to vote by absentee ballot because (check one):

☐ I plan to be absent on the day of the election from the city, town, or unincorporated place where I am domiciled.

☐ I am confined in a penal institution for a misdemeanor or while awaiting trial.

☐ I am requesting a ballot for the presidential primary election and I may be absent on the day of the election from the city, town, or unincorporated place where I am domiciled, but the date of the election has not been announced. I understand that I may only make such a request 14 days after the filing period for candidates has closed, and that if I will not be absent on the date of the election I am not eligible to vote by absentee ballot.

☐ I cannot appear in public on election day because of observance of a religious commitment.

☐ I am unable to vote in person due to a disability.

☐ I cannot appear at any time during polling hours at my polling place because of an employment obligation. For the purposes of this application, the term "employment" shall include the care of children and infirm adults, with or without compensation.

For use only on the Monday immediately prior to the election: I cannot appear at my polling place on election day because the National Weather Service has issued a winter storm warning, blizzard warning, or ice storm warning for election day applicable to my city, town, or unincorporated place and either (check one):

☐ I am elderly or infirm or I have a physical disability, and would otherwise vote in person but I have concerns for my safety traveling in the storm.

☐ I anticipate that school, child care, or adult care will be canceled, and would otherwise vote in person but will need to care for children or infirm adults.

Any person who votes or attempts to vote using an absentee ballot who is not entitled to vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24

III. I am requesting an official absentee ballot for the following election (check only one): ***Required for Primary Elections*: I am a member of, or I am now declaring my affiliation with a party and I am requesting a ballot for that party's primary (check only one):**

☐ *State Primary Election to be held on September 13, 2022

☐ **Democratic Party** ☐ **Republican Party**

☐ State General Election to be held on November 8, 2022

OR

☐ *State Special Primary Election to be held on _____/_____/_____

☐ **Democratic Party** ☐ **Republican Party**

☐ State Special General Election to be held on _____/_____/_____

Turn Over – You Must Complete the Page 2



IV. Applicant's Name (Please Print):

_____

Last Name First Name Middle Name (Jr., Sr., II,III)

Applicant's Voting Domicile (**home**) Address:

_____

Street Number Street Name Apt/Unit City/Town Ward Zip Code

Mail the ballot to me at this address (**if different than the above home address**)

_____

Street or PO Box # Street name Apt/Unit City/Town State Zip Code

Applicant's Phone Number: (_____) _____ - _____
(Cell phone or number where you can be contacted prior to and on election day is preferred)

Applicant's Email Address: _____@_____

Applicant's Signature: _____Date Signed: _____

The applicant must sign this form to receive an absentee ballot. Any person who witnesses and assists a voter with a disability in executing this form shall print and sign his or her name in the space provided on the application form.

I attest that I assisted the applicant in executing this form because he/she has a disability.

Signature _____Print Name _____

Mail/fax/email or hand deliver this completed form to your local City/Town Clerk.

For clerk addresses and fax numbers: https://app.sos.nh.gov/Public/ClerkDetails.aspx

Visit the web site: https://app.sos.nh.gov/Public/AbsenteeBallot.aspx to track your absentee ballot. You may verify receipt of your application, obtain the date when your absentee ballot was mailed to you, the date the clerk receives your completed absentee ballot, and after the election learn if your absentee ballot was rejected/not counted and why. Contact your clerk if you have questions regarding the information on the "Voter Information Look-up / Absentee Ballot Search" site.

For Official Use Only:
Voter Verified ☐