STATE OF NEW HAMPSHIRE

Application for State Election Absentee Ballot-RSA 657:4

Absence (Excluding Absence Due to Residence Outside the United States), Religious Observance, Concern for the Novel Coronavirus (COVID-19), and Disability

2020 COVID-19 Application

For Official Use Only
Voter Not registered ☐

Voter ID # _____

Date Mailed: __/__/____ Date Returned: __/__/____

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 or concern for the novel coronavirus (COVID-19), 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 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 am unable to vote in person due to concern for the novel coronavirus (COVID-19).

☐ 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.

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(s):

☐ *State Primary Election to be held on September 8, 2020.

☐ State General Election to be held on November 3, 2020

***For primary elections, I am a member of or I am now declaring my affiliation with the (check one):**

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

and am requesting a ballot for that party's primary.

Turn Over – You Must Complete 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 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 or she has a disability.

Signature _____Print Name _____

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

For local 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 ☐