	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	I. I hereby declare that (check one):
Official Use	\Box I am a duly qualified voter who is currently registered to vote in this town/ward.
Only	\Box I am absent from the town/city where I am domiciled and will be until after the next election,
Voter Not	or I am unable to register in person due to a disability, and request that the forms necessary for
registered	absentee voter registration be sent to me with the absentee ballot.
	II. I will be entitled to vote by absentee ballot because (check one):
	\Box 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.
Voter ID #	□ I am requesting a ballot for the presidential primary election and I may be absent on the
oter	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 gi	□ I cannot appear in public on election day because of observance of a religious commitment.
rne	 ☐ I am unable to vote in person due to a disability.
Date Returned: //	□ I cannot appear at any time during polling hours at my polling place because of an
te F	employment obligation. For the purposes of this application, the term "employment" shall
Da	include the care of children and infirm adults, with or without compensation.
I	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
Aail /	warning, blizzard warning, or ice storm warning for election day applicable to my city, town,
Date Mailed: //	or unincorporated place and either (check one):
Da	□ 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.
este	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
Date Requested: //	III. I am requesting an official absentee ballot for the following election (check <u>only</u>
$\operatorname{Date}_{}$	one): * <i>Required for Primary Elections</i> : 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
ne:_ ne:_	□ State Special General Election to be held on//
Last Name:_ First Name:_	Turn Over – You Must Complete the Page 2
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Last Name	First Na	ime	Middle Nam	e (Jr., S	Sr., II,III)
Applicant's Voti	ng Domicile (home)) Address:			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Cod
Mail the ballot to	o me at this address ((if different t	han the above hom	e address)	
Street or PO Box	# Street name	Apt/Unit	City/Town	State	Zip Coo
Applicant's Phor (Cell phone or nu	ne Number: () umber where you ca	n be contacte	d prior to and on ele	ction day is	preferred
Applicant's Ema	il Address:		@	-	
The applicant m and assists a vot	ust sign this form to er with a disability i	o receive an a in executing t	Date Signe absentee ballot. <u>Any</u> this form shall print	person who	o witness
The applicant m and assists a vote name in the space	ust sign this form to er with a disability i ce provided on the a	o receive an a in executing to pplication fo	bsentee ballot. <u>Any</u> his form shall print	person who and sign hi	o witness s or her
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The applicant m and assists a vote name in the space I attest that I assi Signature Mail/fax/email of For clerk addre Visit the web site receipt of your ap date the clerk rece absentee ballot web	<i>ust sign this form to</i> <u>er with a disability i</u> <u>ce provided on the a</u> sted the applicant in or hand deliver this sses and fax numbe e: <u>https://app.sos.nh.</u> oplication, obtain the reives your complete vas rejected/not cour	o receive an a <u>in executing to</u> <u>opplication fo</u> executing th Print Nam completed f ers: <u>https://ap</u> <u>gov</u> to track y e date when y ed absentee banted and why.	ubsentee ballot. <u>Any</u> this form shall print rm. is form because he/s ne form to <u>your local C</u>	<i>person wha</i> <i>and sign hi</i> he has a disa City/Town C You may v vas mailed t ection learn if you have	<u>o witness</u> <u>s or her</u> ability. <u>Clerk.</u> erify o you, th if your question
The applicant m and assists a vote name in the space I attest that I assi Signature Mail/fax/email of For clerk addre Visit the web site receipt of your ap date the clerk rece absentee ballot web	ust sign this form to er with a disability i er provided on the a sted the applicant in or hand deliver this sses and fax number e: https://app.sos.nh. oplication, obtain the veives your complete vas rejected/not cour ormation on the "Vo	o receive an a <u>in executing to</u> <u>opplication fo</u> executing th Print Nam completed f ers: <u>https://ap</u> <u>gov</u> to track y e date when y ed absentee banted and why.	this form shall print this form shall print rm. is form because he/s ne form to your local C p.sos.nh.gov your absentee ballot. your absentee ballot. your absentee ballot. your absentee ballot.	<i>person wha</i> <i>and sign hi</i> he has a disa City/Town C You may v vas mailed t ection learn if you have	<u>o witness</u> <u>s or her</u> ability. <u>Clerk.</u> erify o you, th if your question