



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 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 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. The moderator will not compare the voter's signature on the application with the signature on the absentee ballot affidavit when a person assisting the voter has signed the statement on the absentee ballot application or affidavit envelope that assistance was provided.** (Enforcement of the struckthrough provision has been enjoined. See Saucedo v. Gardner, 335 F. Supp. 3d 202 (D.N.H. 2018))

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

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**If your absentee ballot application or affidavit envelope has the printed name and signature of a person who assisted you with voting, your signature will not be compared to your signature on the absentee ballot affidavit to verify your identity. Otherwise, if your signatures do not appear to be made by the same person, your absentee ballot may not be counted.** (Enforcement of the struckthrough provision has been enjoined. See Saucedo v. Gardner, 335 F. Supp. 3d 202 (D.N.H. 2018))

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> -- Click on "Clerk Information Search" tab.

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