



**STATE OF NEW HAMPSHIRE**  
**Application for Town Election Absentee Ballot - RSA 657:4**  
**Absence (Excluding Absence due to Residence Outside the United States),**  
**Religious Observance, and Disability**

<b>Voter ID#</b>		<p><b>I. I hereby declare that (check one):</b></p> <p><input type="checkbox"/> I am a duly qualified voter who is currently registered to vote in this town.</p> <p><input type="checkbox"/> I am absent from the town 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.</p> <p><b>II. New Hampshire law requires that you vote in person at the polling place for your town unless you declare one of the following absences:</b></p> <p><b>I will be entitled to vote by absentee ballot because (check one):</b></p> <p><input type="checkbox"/> I plan to be absent on the day of the election from the town, where I am domiciled.</p> <p><input type="checkbox"/> I am requesting a ballot for the presidential primary election and I may be absent on the day of the election from the town 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.</p> <p><input type="checkbox"/> I cannot appear in public on election day because of observance of a religious commitment.</p> <p><input type="checkbox"/> I am unable to vote in person due to a disability.</p> <p><input type="checkbox"/> I cannot appear at any time during the 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.</p> <p><b>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</b></p> <p><b>III. I am requesting an official absentee ballot for the following election:</b></p> <p><input type="checkbox"/> Town Election to be held on Tuesday, March 13, 2018</p>																		
<b>Date Returned:</b>																				
<b>Date Mailed:</b>		<p><b>IV. Applicant's Name (Please Print):</b></p> <table style="width: 100%;"><tr><td style="width: 33%;">Last Name</td><td style="width: 33%;">First name</td><td style="width: 33%;">Middle Name</td><td style="width: 33%;">(Jr., Sr., II, III)</td></tr></table> <p>Applicant's Voting Domicile (home) Address:</p> <table style="width: 100%;"><tr><td style="width: 25%;">Street Number</td><td style="width: 25%;">Street Name</td><td style="width: 15%;">Apt./Unit</td><td style="width: 15%;">Town</td><td style="width: 15%;">State</td><td style="width: 15%;">Zip Code</td></tr></table> <p>Mail the ballot to me at this address (if different than the above home address)</p> <table style="width: 100%;"><tr><td style="width: 25%;">Street or PO Box #</td><td style="width: 25%;">Street Name</td><td style="width: 15%;">Apt./Unit</td><td style="width: 15%;">Town</td><td style="width: 15%;">State</td><td style="width: 15%;">Zip Code</td></tr></table> <p>Applicant's Signature _____ Date Signed: _____</p> <p><i>The Applicant must sign this form to receive an absentee ballot. The signature on this form must match the signature on the affidavit envelope in which the absentee ballot is returned, or the ballot may be rejected. Any person who assists a voter with a disability in executing this form shall make a statement of acknowledging the assistance on the application form to assist the Moderator when comparing signatures on election day.</i></p> <p>I attest that I assisted the applicant in executing this form because he/she has a disability.</p> <table style="width: 100%;"><tr><td style="width: 50%;">Signature</td><td style="width: 50%;">Print Name</td></tr></table> <p><b>Mail/fax/or hand deliver this completed form to your Town Clerk. Visit our website for local Clerk addresses &amp; fax numbers: <a href="http://sos.nh.gov">http://sos.nh.gov</a> Track your Ballot: <a href="https://apps.sos.nh.gov">https://apps.sos.nh.gov</a></b></p>	Last Name	First name	Middle Name	(Jr., Sr., II, III)	Street Number	Street Name	Apt./Unit	Town	State	Zip Code	Street or PO Box #	Street Name	Apt./Unit	Town	State	Zip Code	Signature	Print Name
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