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 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):

- **Town/City Election to be held on:** 3/10/2020

- State Special Election to be held on: __/__/__

**Turn Over – You Must Complete the back side**
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/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 □