

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	2020 CO v ID-13 Application	,,,,	
eor Official	I. I hereby declare that (check one):		
Use	☐ I am a duly qualified voter who is currently registered to vote in this town/ward.		
Only	\square I am absent from the town/city where I am domiciled and will be until after the nex		
Voter Not	election, or I am unable to register in person due to a disability or concern for the nove		
registered	coronavirus (COVID-19), and request that the forms necessary for absentee voter registration	$n \mid$	
	be sent to me with the absentee ballot.		
1	·		
-	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	e	
Voter ID#	where I am domiciled.		
ter I	☐ I cannot appear in public on election day because of observance of a religiou	ıs	
\ \ \	commitment.	- 1	
	☐ 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).		
ij	☐ I cannot appear at any time during polling hours at my polling place because of an		
Ĕ	employment obligation. For the purposes of this application, the term "employment" shall		
cett /	include the care of children and infirm adults, with or without compensation.		
Date Returned:			
Da	Any person who votes or attempts to vote using an absentee ballot who is not entitled	to	
i	vote by absentee ballot shall be guilty of a misdemeanor. RSA 657:24		
ģ į			
Date Mailed: //	III. I am requesting an official absentee ballot for the following election(s):		
Σ]			
)ate	□ *State Primary Election to be held on September 8, 2020.		
∺ 1			2
	☐ State General Election to be held on November 3, 2020		
- :			İ
Requested: _/	*For primary elections, I am a member of or I am now declaring my affiliation with	th	
lge	the (check one):		3
Rec			ĺ.
Date.	□ Republican Party		
Ãi	☐ Democratic Party		
ÍII			The state of the s
	and am requesting a ballot for that party's primary.		
1	·		5.
	Turn Over - You Must Complete Page 2		
	D 1 CA		
်မှင်	Page 1 of 2		
Last Name: First Name:		e de la company	Ť.
st] st }	Please return to		
La Fir	- Chichester Town Clerk		
	54 Main St		,

Chichester NH 03258

ast Name	First Nam	ie	Middle N	ame	(Jr.,	Sr., II,III)
pplicant's Votin	g Domicile (home add	dress):				
treet Number	Street Name	_	City/Town		ard	Zip Code
fail the ballot to	me at this address (if	different t	han the home ad	dress)		
street or PO Box			City/Town			e Zip Code
Applicant's Phon Cell phone or nu	e Number: () _ mber where you can	be contacte	d prior to and on	election	day is	preferred)
Applicant's Ema	I Address:			<u></u>		
Applicant's Sign	ature:		Date Si	gned:		
<u>assistance was p</u> 335 F. Supp. 3d 202	the statement on the provided. (Enforcement of CD.N.H. 2018)	of the struckt	hrough provision has	oeen enj	oinea. i	See Buncout V. Gui.
Signature		Prin	Name			
person who ass absentee ballot made by the sai provision has been	e ballot application o isted you with voting affidavit to verify you ne person, your abse enjoined. See Saucedo v	, your sign ur identity. ntee ballot . Gardner, 33	Hure with not be C Otherwise, if you may not be count 5 F, Supp. 3d 202 (D	ur signe led (En N.H. 20	ntures forceme 18)	do not appear to
	addresses and fax num		•			Information Searc
tab: Visit the web site verify receipt of clerk receives your rejected/not course.	e; https://app.sos.nh.govyour application, obtain your completed absentee nted and why. Contact ion Look-up / Absentee	//Public/Abs the date who the the date who t	senteeBallot,aspx to nen your absentee b after the election lea f you have question	track you	our abs is maile ur abse	entee ballot. You ad to you, the date to the ballot was
For Official U	se Only:		,			
Voter Verified	1					
1 ,						7/20