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

	2020 CO vin-17 Application				
For Official Use Only Voter Not registered	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.				
Voter ID #	 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. 				
Date Mailed: Date Returned:	☐ 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				
Oate Requested: //	*For primary elections, I am a member of or I am now declaring my affiliation with the (check one):				
ate _/_	□ Republican Party				
D	☐ Democratic Party and am requesting a ballot for that party's primary.				
st Name:st Name:	Turn Over – You Must Complete Page 2 Page 1 of 2				

	ast Name First Name			Middle Name (Jr.,	
Applicant's Votin	ng Domicile (home a	address):			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Code
Mail the ballot to	me at this address (if different t	han the home add	ress)	
Street or PO Box	# Street name	Apt/Unit	City/Town	State	Zip Code
Applicant's Phone (Cell phone or nu	e Number: () mber where you car	be contacted	d prior to and on el	ection day is	preferred)
Applicant's Emai	l Address:		@	_	
Applicant's Signa	nture:		Date Sign	ed:	
voter has signed i assistance was pr 335 F. Supp. 3d 202	ith the signature or the statement on the covided. (Enforcement (D.N.H. 2018) isted the applicant	e absentee be of the struckthr	allot application or cough provision has bed	affidavit env en enjoined. Sed	e elope that e Saucedo v.
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If your absentee is person who assist absentee ballot as made by the same provision has been en Mail/fax/ or hand For local clerk add tab. Visit the web site: I verify receive your rejected/not counte "Voter Information"	ted you with voting, fidavit to verify you be person, your absention of the person of	r affidavit en your signatur identity. Contee ballot m Gardner, 335 ped form to you bers: https://a /Public/Absen the date when ballot, and after your clerk if your	evelope has the printere will not be come of therwise, if your so ay not be counted. F. Supp. 3d 202 (D.N.F. ur local City/Town pp.sos.nh.gov — ClicateeBallot.aspx to trace your absentee ballow the election learn if ou have questions reg	clerk. k on "Clerk In: k your absented was mailed to your absented to you	r signature not appea of the struckth formation S ee ballot. Y o you, the da e ballot was