

For	L I hereby declare that (check one):				
Official	I am a duly qualified voter who is currently registered to vote in this town/ward.				
Use Only Voter Not	I am absent from the town/city where I am domiciled and will be until after the next				
registered	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				
# 0	where I am domiciled.				
	I cannot appear in public on election day because of observance of a religious				
er II	commitment.				
Voter ID#	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				
सं ।	employment obligation. For the purposes of this application, the term "employment" shall				
me	include the care of children and infirm adults, with or without compensation.				
Date Returned:	For use only on the Monday immediately prior to the election:				
e	I cannot appear at my polling place on election day because the National Weather Service				
Dat	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				
aile 	person but I have concerns for my safety traveling in the storm.				
Z	I anticipate that school, child care, or adult care will be canceled, and would otherwise				
Date Mailed:	vote in person but will need to care for children or infirm adults.				
Π	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				
Date Requested:	III. I am requesting an official absentee ballot for the following election (check only				
edn 	one):				
e R					
Dat /	Town/City Election to be held on:				
	State Special Election to be held on:				
	Turn Over – You Must Complete the back side				
	Page 1 of 2				
i ii					
am					
Last Name: First Name:					
Las Firs					

IV. Applicant's N	ame (Please Prin	t):			
Last Name	First Name		Middle Name	(Jr., S	Sr., II,III)
Applicant's Voting	Domicile (home)	Address:			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Code
Mail the ballot to n	ne at this address (i	if different (	han the above home	address)	
Street or PO Box #	Street name	Apt/Unit	City/Town	State	Zip Code
Applicant's Phone (Cell phone or num	Number: () _ lber where you can	be contacte	d prior to and on elec	tion day is	preferred)
Applicant's Email	Address:				
Applicant's Signati	ure:		Date Signed	l:	
			is form because he/sh		
	•		o your local City/To		
For local clerk add Information Search		umbers: <u>htt</u> j	os://app.sos.nh.gov –	Click on "C	Clerk
ballot. You may ve was mailed to you, election learn if you	erify receipt of you the date the clerk in ur absentee ballot was ns regarding the in	r application receives you was rejected	bsenteeBallot.aspx to n, obtain the date whe r completed absentee not counted and why n the "Voter Informat	n your abso ballot, and . Contact y	entee ballo after the your clerk
For Official Use O	only:				
Voter Verified					
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