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, and Disability

			Religious O	observance, and Disa	idility		
For	I. I hereby decla	re that (che	ck one):				
Official	☐ I am absent from the town/city where I am domiciled and will be until after the next ele						
Use							am
Only							
Voter Not	registration be ser					Ž	
registered					ng place for you	ur town or ward unless y	7011
	II. New Hampshire law requires that you vote in person at the polling place for your town or ward unless you declare one of the following absences:						
		-		cause (check one).			
İ	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						
Voter ID #	domiciled.						
	☐ I am requesting a ballot for the presidential primary election and I may be absent on the day of the election						
	from the city, town, or unincorporated place 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						
V	has closed, and that if I will not be absent on the date of the election I am not eligible to vote by absentee						
I	ballot.	at ii i wiii iio	t de desent on the	date of the election	i i um not engre	to to vote by absolute	
Date Returned:	☐ 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.						
	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						
ate	III. I am requesting an official absentee ballot for the following election (check only one):						
Ω	☐ State Primary Election to be held on September 11, 2018.*						
			•	,			
	*Required	l for Primar	y Elections: I ar	n a member of, or	I am now decla	aring my affiliation wit	h
				r that party's prim			
	☐ Democratic Party ☐ Libertarian Party ☐ Republican Party						
			•	•	-	•	
	☐ State General :	Election to be	e held on Novemb	per 6, 2018			
	IV. Applicant's	Name (Pleas	e Print):				
ed:		•	,				
Mailed:	I ANI		E' AN	3A' 1	LIL NI	(I C II III)	
	Last Name		First Name	Mid	ldle Name	(Jr., Sr., II,III)	
Date	Applicant's Voting D	omicile (home)	Address:				
Õ							
	Ct t Ni l	C44 N	A4/T I:4	C:4-/T	J	7:- 0-1-	
	Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Code	
	Mail the ballot to me	at this address (i	f different than the	above home address)			
	Street or PO Box #	Street na	ne Apt/Unit	City/Town	State	Zip Code	
	Succe of 1 O Box #	Sueet na	ne Apt/Onit	City/ Town	State	Zip Code	
	Applicant's Phone Nu	umber (optional)		Applicant's Email Add	ress (Optional)		
<u></u> :							
ted	Applicant's Signature: Date Signed: The applicant must sign this form to receive an absentee ballot. Any person who assists a voter with a disability in executing this						
es		ion this form to	magaina an absortagi	hallot Any namon who	acciete a notan mit		
=		ign this form to		ballot. <u>Any person who</u>	assists a voter wit	h a disability in executing thi	<u>s</u>
nbə	form shall make a sta	ign this form to utement acknow	ledging the assistanc	ballot. <u>Any person who</u> e on the application.		h a disability in executing thi	<u>s</u>
Redne	form shall make a sta	ign this form to utement acknow	ledging the assistanc	ballot. <u>Any person who</u>		h a disability in executing thi	<u>s</u>
ate Reque	form shall make a start I attest that I assisted	ign this form to atement acknow the applicant in	ledging the assistance	ballot. Any person who e on the application. ecause he/she has a disa		h a disability in executing thi	<u>s</u>
Date Requested:	form shall make a star I attest that I assisted Signature	ign this form to atement acknow the applicant in	ledging the assistance executing this form b	ballot. Any person who e on the application. ecause he/she has a disa rint Name	bility.	e for local clerk addresses a	_