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 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.

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 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

*For primary elections, I am a member of or I am now declaring my affiliation with the (check one):
☐ Republican Party
☐ Democratic Party

and am requesting a ballot for that party’s primary.

Turn Over – You Must Complete Page 2

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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 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: ___________________________