Town/City of HUDSON

Application for Town/City Election Absentee Ballot-RSA 657:4

Absence, Religious Observance, and Disability

(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)

For Official Use Only
Voter Not registered ☐

Voter ID # _____

Date Returned: __/__/____

Date Mailed: __/__/____

Date Requested: __/__/____

Last Name: _____

First Name: _____

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, 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 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.

For use only on the Monday immediately prior to the election:

I cannot appear at my polling place on election day because the National Weather Service 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 person but I have concerns for my safety traveling in the storm.

☐ I anticipate that school, child care, or adult care will be canceled, and would otherwise vote in person but will need to care for children or infirm adults.

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 (check only one):

☐ Town/City Election to be held on: 0 3 / 0 9 / 2 0 2 1

☐ State Special Election to be held on: X X / X X / X X X X

Turn Over – You Must Complete the back side

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 above 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: _____

The applicant must sign this form to receive an absentee ballot. Any person who witnesses and assists a voter with a disability in executing this form shall print and sign his or her name in the space provided on the application form.

I attest that I assisted the applicant in executing this form because he/she has a disability.

Signature _____Print Name _____

Mail/fax/or hand deliver this completed form to your local City/Town Clerk.

For local clerk addresses and fax numbers: https://app.sos.nh.gov – Click on "Clerk Information Search" tab.

Visit the web site: https://app.sos.nh.gov/Public/AbsenteeBallot.aspx to track your absentee ballot. You may verify receipt of your application, obtain the date when your absentee ballot was mailed to you, the date the clerk receives your completed absentee ballot, and after the election learn if your absentee ballot was rejected/not counted and why. Contact your clerk if you have questions regarding the information on the "Voter Information Look-up / Absentee Ballot Search" site.

For Official Use Only:
Voter Verified ☐