STATE OF NEW HAMPSHIRE

Application for State Election Absentee Ballot-RSA 657:4

Absence, Religious Observance, or 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:

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 am confined in a penal institution for a misdemeanor or while awaiting trial.

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 has closed, and that if I will not be absent on the date of the election I am not eligible to vote by absentee ballot.

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 (complete a separate form for each election):

*Presidential Primary to be held on January 23, 2024

*State Primary to be held on September 10, 2024 State General to be held on November 5, 2024

*State Special Primary to be held on

State Special General Election to be held on

IV. I am currently registered as a member of the ODemocratic ORepublican party and am requesting an absentee ballot for that party; OR

I am registered as undeclared and am now declaring my affiliation with and am requesting an absentee ballot for the ODemocratic ORepublican party.

Turn Over - You Must Complete the Page 2■



Last Name	First Name		Middle Nam	e (Jr., S	Sr., II,III)
Applicant's Votin	ng Domicile (home) Ac	ddress:			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Cod
Mail the ballot to	me at this address (if d	lifferent t	han the above hom	e address)	
Street or PO Box	# Street name A	Apt/Unit	City/Town	State	Zip Coo
Applicant's Phor (Cell phone or no	ne Number: ()_ umber where you can be	e contacted	l prior to and on ele	ction day is	preferred
Applicant's Ema	il Address:		@	_	
The applicant m	ature:	eceive an a	Date Signo	ed: <u>y person wh</u>	o witness
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Town/City of HUDSON Application for Town/City Election Absentee Ballot-RSA 657:4 Absence, Religious Observance. or Disability

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	absentee voter registration be sent to me with the absentee ballot.
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	I plan to be absent on the day of the election from the city, town, or unincorporated place
i	where I am domiciled.
#	
Voter ID#	I am confined in a penal institution for a misdemeanor or while awaiting trial.
oter	I am requesting a ballot for the presidential primary election and I may be absent on the
λ	day of the election from the city, town, or unincorporated place where I am domiciled, but
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	Town/City Election to be held on: $\frac{0}{2} / \frac{1}{2} / \frac{2}{2} \frac{0}{2} \frac{2}{4}$
	Town/City Election to be field on//
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st N	Turn Over – You Must Complete the back side
Last Name: First Name:_	

Page 1 of 2

Last Name	First Name	Middle Name	(Jr., Sr.	, II,
Applicant's Voting	Domicile (home) Address:			
Street Number	Street Name Apt/Unit	City/Town	Ward 2	Zip (
Mail the ballot to m	e at this address (if different th	nan the above home	address)	
Street or PO Box #	Street name Apt/Unit	City/Town	State 2	Zip (
Applicant's Phone I (Cell phone or num	Number: () ber where you can be contacted	prior to and on elect	ion day is pr	efer
Applicant's Email	Address:	<u>@</u>		
The applicant must	re: t sign this form to receive an alwith a disability in executing the provided on the application for	bsentee ballot. <u>Any p</u> his form shall print a	person who w	<u>vitn</u>
The applicant must and assists a voter name in the space p	t sign this form to receive an al with a disability in executing th	bsentee ballot. <u>Any p</u> his form shall print a m.	person who wanted and sign his o	vitn or h
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The applicant must and assists a voter name in the space part of t	resign this form to receive an all with a disability in executing the provided on the application for the application of the application of the application of the application for the application of	bsentee ballot. Any pais form shall print a m. s form because he/shall print of the control of	erson who wand sign his of the has a disable ty/Town Cle You may very as mailed to get to learn if a you have que	vitne or he ility. ility. ify you, you uesti