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

	2020 CO vin-17 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.				
Voter ID #	 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. 				
Date Mailed: Date Returned:	☐ 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				
Date Requested:	*For primary elections, I am a member of or I am now declaring my affiliation with the (check one):				
ate _/_	□ Republican Party				
D	☐ Democratic Party and am requesting a ballot for that party's primary.				
st Name:st Name:	Turn Over – You Must Complete Page 2 Page 1 of 2				

	ast Name First Name			Middle Name (Jr.,	
Applicant's Votin	ng Domicile (home a	address):			
Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Code
Mail the ballot to	me at this address (if different t	han the home add	ress)	
Street or PO Box	# Street name	Apt/Unit	City/Town	State	Zip Code
Applicant's Phone (Cell phone or nu	e Number: () mber where you car		d prior to and on ele	ection day is	preferred)
Applicant's Emai	l Address:		@	_	
Applicant's Signa	nture:		Date Sign	ed:	
the application w voter has signed t assistance was pr 335 F. Supp. 3d 202	n the application for ith the signature on the statement on the covided. (Enforcement (D.N.H. 2018) isted the applicant	the absente e absentee be of the struckthr	e ballot affidavit w ullot application or ough provision has bed	hen a person affidavit env en enjoined. Se	assisting clope that e Saucedo v.
Signature		Print I	Name		
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