



STATE OF NEW HAMPSHIRE
2020 COVID State Election Absentee Ballot Request Form
-THIS FORM IS AVAILABLE ONLINE AT SOS.NH.GOV--
Any unregistered voter who submits this form will be mailed a registration packet

For Official Use Only
Voter Not registered

Step # 1: I am requesting my ballot for the:

[X] GENERAL ELECTION - NOVEMBER 3, 2020

And select one option for the State Primaries:

[ ] DEMOCRATIC PARTY PRIMARY - SEPTEMBER 8, 2020

[ ] REPUBLICAN PARTY PRIMARY - SEPTEMBER 8, 2020

By checking the box, I affirm that I am a member of, or I am now declaring my affiliation with a party and I am requesting a ballot for that party's primary.

[X] I do not wish to be sent an absentee ballot for the State Primary.

Step # 2: I am requesting an absentee ballot because (check only one):

[ ] COVID-19: I am concerned about the spread of COVID-19 at the polls.

[ ] DISABILITY: I am unable to vote in person due to a disability. This also includes any illness where going to the polls or being in public is medically inadvisable.

[ ] ABSENCE: I plan to be absent on the day of the election from the city, town, or unincorporated place where I am domiciled.

[ ] RELIGION: I cannot appear in public on election day because of observance of a religious commitment.

[X] EMPLOYMENT, CHILDCARE or CARE OF INFIRM ADULTS: I cannot appear at any time during polling hours at my polling place because of an employment obligation, including the care of children and infirm adults, with or without compensation

\*\*For winter storms, use the Winter Storm Form, for use only the day before the election.

Step # 3: You must sign this form to receive an absentee ballot.

By signing this form, I hereby declare that I am a duly qualified voter. I am either already registered in the town or ward where I live OR I'm requesting the registration forms be sent to me because I expect the reason marked above will continue through the election.

Applicant's Signature: \_\_\_\_\_ Date Signed \_\_\_\_\_

FOR DISABLED VOTERS REQUIRING ASSISTANCE ONLY: Any person who witnesses and assists a voter with a disability in executing this form must sign and print their name: I assisted the applicant in executing this form because they have a disability.

Assistant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Turn Over - You Must Complete the back side
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Last Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_
First Name: \_\_\_\_\_ Date Mailed: \_\_\_\_\_
Date Returned: \_\_\_\_\_

## Step # 4: VOTER INFORMATION

Applicant's Name (Please Print):

\_\_\_\_\_

Last Name	First Name	Middle Name	(Jr., Sr., II,III)
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Applicant's Voting Domicile (home) Address

\_\_\_\_\_

Street Number	Street Name	Apt/Unit	City/Town	Ward	Zip Code
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Mail the ballot to me at this address (if different than the above home address)

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Street or PO Box #	Street name	Apt/Unit	City/Town	State	Zip Code
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Contact information for local election officials to reach you if there is an issue with your application or ballot. This information will **not** be made public.

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Email Address	Phone (cell or best election day #)
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## Step # 5: SEND THIS FORM TO YOUR CLERK BY MAIL, FAX, EMAIL, OR HAND-DELIVERY

Double check to make sure steps 1 - 4 are complete. Then submit your form to your town or city clerk. You can find more information about delivery at your municipal website or from the "Clerk Information Lookup" at <https://app.sos.nh.gov>

## Step # 6: TRACK YOUR BALLOT

Visit <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 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**

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