

	(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card 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, and request that the forms necessary for absentee voter registration be sent to me with the absentee ballot.
ested: Date Mailed: Date Returned: 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. □ 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 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
Name: Date Requested: Name:	III. I am requesting an official absentee ballot for the following election (check only one): ☐ Town/City Election to be held on: ☐ State Special Election to be held on: ☐ Turn Over – You Must Complete the back side Page 1 of 2
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IV. Applicant's Na	nme (Please Print):			
Last Name	First Name	Middle Name	e (Jr., S	Sr., II,III)
Applicant's Voting	Domicile (home) Address:			
Street Number	Street Name Apt/Uni	t City/Town	Ward	Zip Code
Mail the ballot to mo	e at this address (if different	than the above home	e address)	
Street or PO Box #	Street name Apt/Unit	City/Town	State	Zip Code
Applicant's Phone N (Cell phone or numb	Number: () per where you can be contact	ted prior to and on elec	tion day is	preferred)
Applicant's Email A	Address:	@		
Applicant's Signatur	re:	Date Signed	l:	
name in the space p I attest that I assisted	vith a disability in executing provided on the application of the application of the application of the applicant in executing the execution in executing the applicant in executing the execution in executing the execution in execution in executing the execution in	f <u>orm.</u> his form because he/sh	ne has a disa	ability.
	eliver this completed form resses and fax numbers: ht			'lerk
Information Search"		app.sos.mi.gov	ener on c	ore in the second
ballot. You may ver was mailed to you, t election learn if you	rify receipt of your application he date the clerk receives your absentee ballot was rejected as regarding the information arch" site.	on, obtain the date whe our completed absentee d/not counted and why	n your abse ballot, and . Contact y	entee ballo after the our clerk
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Voter Verified]			
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