

ABSENTEE VOTER REGISTRATION FORM – PHYSICALLY DISABLED

**STATE OF NEW HAMPSHIRE
ABSENTEE VOTER REGISTRATION FORM
(RSA 654:17)**



Enabling Residents Who are Physically Disabled from Town (City) to Register of Vote

AFFIDAVIT (Physical Disability or Concern for Covid-19)

I, _____ do hereby swear or affirm, under the penalties for voting fraud set forth below, the following:

1) That my legal domicile is in the town of _____, New Hampshire, I will be of the age of 18 years or over on election day, and am entitled to vote in the election to be held in said town on _____, 2020, except for the fact that my name does not appear on the checklist to be used in said town at such election;

2) That I am unable by reason of physical disability or concern for the novel coronavirus (COVID-19) disease personally to appear before the supervisors of the checklist of said town in their regular sessions for the correction of the checklist for said election;

3) That I hereby enclose one of the following as proof of identity and domicile or shall send a photograph or photocopy of that proof to my clerk from the following email address: _____

(a) A copy of a current and valid New Hampshire driver’s license or an armed services identification or other photo identification issued by the United States government that shows my name and address: or

(b) A copy of a current and valid photo identification and a copy of a current utility bill, bank statement, government check, paycheck, other government document that shows my name and address, or a letter from the administrator of a nursing home or similar facility affirming that I am a resident of that facility that was provided to me at my request pursuant to the administrator’s duty to provide such a letter upon my request;

4) That I acknowledge that if I do not provide a copy of proof of identify and domicile as required by section 3) above, this application may not be approved; and

5) That I hereby make application for the addition of my name to the checklist of said town to be used at said election.

Signature of Applicant

Date

AFFIRMATION

I, _____, the undersigned witness, do hereby swear or affirm, under the penalties for voting fraud set forth below, that on the _____ day of _____, 2020, the abovenamed, _____, having satisfied me as to his or her identity signed the foregoing affidavit in my presence, and did before me swear to (or affirm) the truth of the statements therein contained.

Signature of Witness

Date

In accordance with RSA 659:34, the penalty for knowingly or purposefully providing false information when registering to vote or voting is a class A misdemeanor with a maximum sentence of imprisonment not to exceed one year and a fine not to exceed \$2,000. Fraudulently registering to vote or voting is subject to a civil penalty not to exceed \$5,000.

This form and the Voter Registration Form, when completed, are to be sent directly to the Town or City Clerk of your domicile.