



STATE OF NEW HAMPSHIRE

Application for City of Keene Municipal Election Absentee Ballot-RSA 657:4
Absence (Excluding Absence Due to Residence Outside the United States), Religious Observance, and Disability

For Official Use Only

Voter Not registered

Input box for registration status

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. New Hampshire law requires that you vote in person at the polling place for your town or ward unless you declare one of the following absences:

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 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 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 an employment obligation.

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 (check only one):

- City of Keene Municipal Primary Election to be held on October 3, 2017
City of Keene Municipal General Election to be held on November 7, 2017

IV. Applicant's Name (Please Print):

Last Name First Name Middle Name (Jr., Sr., II,III)

Applicant's Voting Domicile (home) Address:

Street Number Street Name Apt/Unit City/Town Ward Zip Code

Mail the ballot to me at this address (if different than the above home address)

Street or PO Box # Street name Apt/Unit City/Town State Zip Code

Applicant's Phone Number (optional) Applicant's Email Address (Optional)

Applicant's Signature: Date Signed:

The applicant must sign this form to receive an absentee ballot. The signature on this form must match the signature on the affidavit envelope in which the absentee ballot is returned, or the ballot may be rejected. Any person who assists a voter with a disability in executing this form shall make a statement acknowledging assistance on the application form to assist the moderator when comparing signatures on election day.

I attest that I assisted the applicant in executing this form because he/she has a disability.

Signature Print Name