

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: (____) _____ - _____
(Cell phone or number where you can be contacted prior to and on election day is preferred)

Applicant's Email Address: _____@_____

Applicant's Signature: _____ Date Signed: _____

The applicant must sign this form to receive an absentee ballot. Any person who witnesses and assists a voter with a disability in executing this form shall print and sign his or her name in the space provided on the application form.

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

Signature _____ Print Name _____

Mail/fax/or hand deliver this completed form to your local City/Town Clerk.

For local clerk addresses and fax numbers: <https://app.sos.nh.gov> – Click on “Clerk Information Search” tab.

Visit the web site: <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 absentee 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