Town/City of Carroll

Application for Town/City Election Absentee Ballot-RSA 657:4

Absence, Religious Observance, or Disability

(Uniformed and Overseas Citizen Voters Residing Outside the U.S. use the federal post card application)

I. I hereby declare that (check one):

☐ I am a duly qualified voter who is currently registered to vote in this town/ward; **OR**

☐ 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. 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; **OR**

☐ I am confined in a penal institution for a misdemeanor or while awaiting trial; **OR**

☐ I cannot appear in public on election day because of observance of a religious commitment; **OR**

☐ I am unable to vote in person due to a disability; **OR**

☐ 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.

III. 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; **OR**

☐ I anticipate that school, childcare, or adult care will be canceled and would otherwise vote in person but will need to care for children or infirm adults.

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

IV. I am requesting an official absentee ballot for the following election (complete a separate form for each election). Application forms shall be received or postmarked within 6 months of the election for which the absentee ballot is being requested. Except for a UOCAVA voter applying for an absentee ballot using the federal official post card forms, any application received or postmarked prior to the 6-month period shall not be accepted by the secretary of state or any town or city clerk:

☐ Town/City Election to be held on March 9,2027

V. 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 Number	Street Name	Apt/Unit	City/Town	State	Zip Code

Applicant's Phone Number: (____) _____ - _____ Email Address: _____@_____
(Cell phone or number where you can be contacted prior to and on election day is preferred)

Applicant's Signature: _____ **Date Signed:** _____

VI. The applicant must sign this form and verify identity to receive an absentee ballot. Verification shall be satisfied by one of the following methods. Select one:

☐ (1) Including a copy of the voter's photo identification with the absentee ballot application. The identification shall meet the requirements of RSA 659:13, II(a); **OR**

☐ (2) Personally presenting a qualifying photo identification, as defined in RSA 659:13, II(a), to the city or town clerk or their designee prior to the issuance of the absentee ballot; **OR**

☐ (3) Including a notarized signature on the absentee ballot application form:

State of _____ (County) of _____

Signed or attested before me on _____ by _____
(Date) (Printed name of notarial officer)

_____ My Commission expires: _____ Seal:
(Signature of notarial officer)

VII. 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 _____

VIII. Mail or hand deliver this completed form to your local city/town clerk.
Clerk information and website: https://app.sos.nh.gov

Visit the website https://app.sos.nh.gov 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 ID #** _____

Last Name: _____	Date Received:	ID Verification Provided:	Date Mailed:	Date Returned:
First Name: _____	__/__/____	(1)____(2)____(3)____	__/__/____	__/__/____