

**CERTIFICATION AND APPLICATION FOR AN
ACCESSIBLE ELECTRONIC ABSENTEE BALLOT**

I,

Last Name

First Name

Middle Name

whose domicile address is that which is entered on page 3 below, DO HEREBY CERTIFY, subject to the penalties of misusing an absentee ballot pursuant to RSA 657:24, that:

I am a person with a disability that prevents me from voting privately and independently by marking a paper absentee ballot by hand; and

I acknowledge that because I am using my own computer to access and complete my accessible absentee ballot and the process involves transmitting some information over the internet, there are cybersecurity and privacy risks. I accept those risks by applying for an accessible electronic ballot; and

I acknowledge that I will need to print my completed accessible ballot using my own printer. The ballot physically and in appearance will not be identical to the ballots used by voters marking a paper ballot in-person or absentee; and

I acknowledge the election officials at my polling place will be required to hand count my completed accessible absentee ballot; and

I understand that it is essential to provide my email address on this form. That e-mail address will be used to send me information to access my electronic accessible ballot; and

I understand it is essential to provide my phone number on this form so the clerk and Secretary of State's Office can call me if any questions come up during this process; and

I am the person who applied for this accessible ballot and my typed name in the following space serves as my legal signature.

Signature

Date

After sending this form to your town or city clerk, please call the Secretary of State's Election Division 1-603-271-8241 Monday-Friday 8:00 AM to 4:30 PM to notify us that you have submitted an application to use the electronic system. Also, call this number if you need assistance.

If you do not qualify to use an electronic absentee ballot and/or electronic voter registration, please download, complete, and submit an Absentee Ballot Application form to your town or city clerk. <https://sos.nh.gov/elections/voters/absentee-ballots/request-absentee-ballot/> Your town/city clerk will mail paper forms and a paper absentee ballot to you.



STATE OF NEW HAMPSHIRE
Application for State Election Electronic Absentee Ballot - Americans with Disabilities Act
Application for Electronic Voter Registration Form
Print Disability, including voters with a print disability

For Official Use Only

Voter Not registered

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 unable to register in person and complete an application by hand due to a print disability, and request that the forms necessary for absentee electronic voter registration be sent to me with the link to access an electronic absentee ballot.

II. I will be entitled to vote by absentee ballot because (check one):

I am unable to vote in person due to a disability that prevents me from privately and independently marking a paper absentee ballot by hand.

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(s):

*State Primary Election to be held on September 13, 2022.

State General Election to be held on November 8, 2022

IV. For primary elections, I am a member of or I am now declaring my affiliation with the (check one):

Republican Party

Democratic Party

and am requesting a ballot for that party's primary.

Turn Over – You Must Complete Page 3

Page 2 of 3



Last Name: _____

First : _____

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 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)

Applicant's Email Address: _____@_____

My typed name in the following space serves as my legal signature.

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 or 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>

Visit the web site: <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 Verified