Town of Goffstown

Application for Town/School Election Absentee Ballot

Absence due to Religious Observance, and Disability

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. 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 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 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.

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.
☐ I anticipate that school, child care, 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

III. ☐ I am requesting an official absentee ballot for the Town/School Election to be held on Tuesday, March 10, 2020.

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: ____________________________

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

Signature ____________________________________________________________________ Print Name ________________________

FOR OFFICIAL USE ONLY

WARD _______________________________
VOTER ID # __________________________
VERIFIED _____________________________
ENTERED _____________________________
BALLOT # _____________________________
ISSUED ______________________________

Rev 9/19