CERTIFICATION AND APPLICATION FOR AN ACCESSIBLE ELECTRONIC ABSENTEE BALLOT

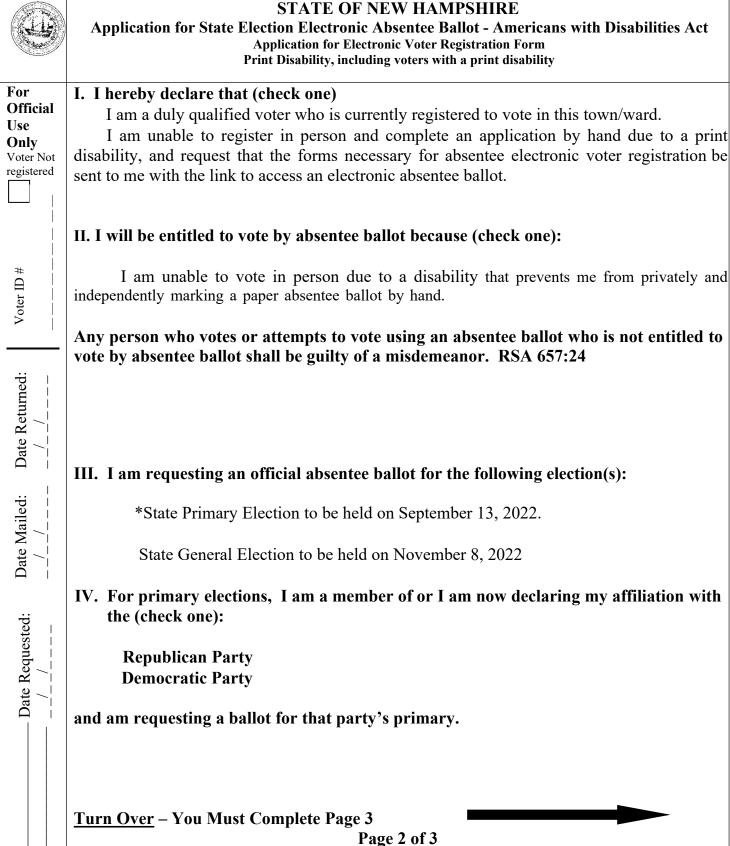
I,

assistance.

Last Name	First Name	Middle Name
	s is that which is entered on page of misusing an absentee ballot pu	3 below, DO HEREBY CERTIFY, ursuant to RSA 657:24, that:
I am a person with a dis marking a paper absente	• •	ting privately and independently by
absentee ballot and the	process involves transmitting sor	er to access and complete my accessib me information over the internet, there by applying for an accessible electron
	appearance will not be identical	cessible ballot using my own printer. To the ballots used by voters marking
I acknowledge the elect completed accessible at		will be required to hand count my
	sential to provide my email addr information to access my electro	ress on this form. That e-mail address onic accessible ballot; and
	ial to provide my phone number ll me if any questions come up d	on this form so the clerk and Secretar uring this process; and
I am the person who appeared as my legal signates	3	d my typed name in the following spa
Signature		Date
After sending this form	n to your town or city clerk, ple	ase call the Secretary of State's Elec
_	•	o 4:30 PM to notify us that you h

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.

submitted an application to use the electronic system. Also, call this number if you need



	First Na	ame	Middle Name	(Jr.,	(Jr., Sr., II,III)	
Applicant's Votin	g Domicile (home a	ddress):				
Street Number	Street Name	Apt/Unit C	ity/Town	Ward	Zip Code	
Mail the ballot to	me at this address (i	f different tha	n the home addres	s)		
Street or PO Box	# Street name	Apt/Unit	City/Town	State	Zip Code	
Applicant's Phone (Cell phone or nur	e Number: () mber where you can	be contacted p	rior to and on electi	on day)		
Applicant's Email	Address:					
My typed name in	the following space	e serves as my	egal signature.			
Applicant's Signa	ture:		Date Signed:			
assists a voter wit	est sign this form to The a disability in exe To the application for	ecuting this for				
	isted the applicant	in executing t	his form because 1	he or she	has a disa	
I attest that I assi						
		Print Na	ne			
Signature	deliver this complete					