



STATE OF NEW HAMPSHIRE

Absentee Ballot Return Form

(RSA 657:17)

To be completed by a qualified person who is returning an Absentee Ballot for a *different person* voting absentee due to Absence, Religious Observance, or Disability

This form MUST be completed for each absentee ballot delivered to the polling place on Election Day

For Official Use OnlyVoter Not registered ☐

Voter ID # _____

I. I hereby declare that I am the voter's "delivery agent" because I am (initial the line and circle the relationship that applies to you):

- ☐ The voter's spouse, parent, sibling, child, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepparent, stepchild; or
- ☐ The nursing home administrator, licensed pursuant to RSA 151-A:2, or a nursing home staff member designated in writing by the administrator to deliver ballots; or
- ☐ The residential care facility administrator, or a residential care facility staff member designated in writing by the administrator to deliver ballots; or
- ☐ *The person assisting a blind voter or a voter with a disability who has signed a statement on the affidavit envelope acknowledging the assistance. * Cannot deliver more than 4 absentee ballots.

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

II. Absentee Ballot Voter's Name (Please Print):

Last Name _____ First Name _____ Middle Name _____ (Jr., Sr., II, III)

Absentee Ballot Voter's Domicile (home) Address: _____

Street Number _____ Street Name _____ Apt/Unit _____ City/Town _____ Ward _____ Zip Code _____

III. Name of "delivery agent" who delivered the absentee ballot (Please Print) * If you are the person who assisted the blind voter or a voter with a disability you were required to sign the affidavit envelope. By completing this form you are affirming that your name is on the affidavit envelope:

Last Name _____ First Name _____ Middle Name _____ (Jr., Sr., II, III)

Signature: _____ Date Signed _____

IV. Election Name (check only one and enter date):

- ☐ Town/ City Election Date: ____/____/____
- ☐ State Special Primary Election Date: ____/____/____
- ☐ State Special General Election Date: ____/____/____
- ☐ Presidential Primary Date: 02/11/2020
- ☐ State Primary Election Date: 09/08/2020
- ☐ State General Election Date: 11/03/2020

V. Proof of Identification (check only one):

- ☐ Government-issued Photo ID
- ☐ Identity verified by city or town clerk

VI. City or Town Clerk signature:

Printed Name of Clerk: _____

Clerk's Signature: _____ Date Signed: _____

Date Returned: ____/____/____