



TOWN OF HEBRON, NEW HAMPSHIRE

Application for Town Election Absentee Ballot

Absence (Excluding *Absence Due to Residence Outside the United States*), Religious Observance, and 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 Hebron.
- I am absent from the Town of Hebron 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. New Hampshire law requires that you vote in person at the polling place for your town unless you declare one of the following absences:

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 Town of Hebron 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 an employment obligation requires me to remain physically at work or to be in transit to or from work from the time the polls open until after the time the polls close.

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 (check only one):

- School Election to be held on Tuesday, March 12, 2019
- Town Election to be held on Tuesday, May 14, 2019

IV. Applicant's Name (Please Print):

Last Name	First Name	Middle Name	(Jr., Sr., II, III)
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Applicant's Voting Domicile (home) address:

Street Number	Street Name	Apt/Unit	Town	State	Zip Code
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Mail the ballot to me at this address (if different than the above home address):

Street Number/PO Box	Street Name	Apt/Unit	Town	State	Zip Code
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Applicant's Phone Number (Optional) _____	Applicant's Email Address (Optional) _____
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Applicant's Signature _____

Date Signed _____

The applicant must sign this form to receive an absentee ballot. Any person who assists a voter with a disability in executing this form shall make a statement acknowledging the assistance on the application form to assist the moderator when comparing signatures on election day.

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

Signature _____ Print Name _____

Mail, fax, email or hand deliver this signed and completed form to:

Hebron Town Clerk, PO Box 55, Hebron, NH 03241-0055
 Phone: (603) 744-7999 Fax: (603) 744-9994 Town Clerk's Email: clerk@hebronnh.org
 Town Website: www.hebronnh.org Track Your Ballot: <https://app.sos.nh.gov>