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	<u> be completed for each absentee ballot deli</u>	vered to the city or town clerk.
For Official	I. I hereby declare that I am the voter's "delivery agent" because I am (initial the line and circle the		
Use Only	relationship that applies to you):		
Voter Not	The voter's spouse, parent, sibling, child, grandchild, father-in-law, mother-in-law, son-in-law,		
registered 🔲	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		
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l			
i	*The person assisting a blind voter or a voter with a disability who has signed a statement on the		
l	affidavit envelope acknowledging the assistance. ** Cannot deliver more than 4 absentee ballots.		
İ	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		
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Voter ID	II. Absentee Ballot Voter's Name (Please Print):		
[]			
)te	Last Name	First Name	Middle Name (Jr., Sr., II, III)
Š i	Last Name	1 list ivallic	(JI., SI., 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		
1	who assisted the blind voter or a voter with a disability you were required to sign the affidavit		
		ing this form you are affirming that yo	
	Last Name	First Name	Middle Name(Jr., Sr., II, III)
i			
ļ	Signature:	Date Signed	
	IV. Election Name (check <u>only</u> one and enter date):		
		☐ Town/ City Election	Date:/
			D
_		State Special Primary Election	Date:/
		State Special General Election	Date: / /
<u> </u>		State Special General Election	Date
<u>:</u>		State Primary Election	Date: 09/13/2022
je		_	- 44004505
<u> </u>		State General Election	Date: 11/08/2022
et			
Date Returnec	V D C - C I I 4 - C - L L L		
	V. Proof of Identification (check <u>only</u> one):		
)a	Government-issued Photo ID		
	Identity verified by city or town clerk		
	VI. City or Town Clerk signature:		
	Drived Name of Clarks		
	Printed Name of Clerk:		
	Clerk's Signature:		Date Signed:
	1		