**City of Lebanon, New Hampshire**  
**Application for Absentee Ballot**  
**NH RSA 657:4**

I. I hereby declare that (check one):
   - ___ I am already registered to vote in the City of Lebanon in Ward _______. (1, 2 or 3)
   - ___ I am not registered to vote in the City of Lebanon or I have moved into a new ward. Please send necessary forms for absentee voter registration along with my absentee ballot.

II. New Hampshire Law Requires that you vote in person at your polling place unless you declare one of the following absences (check one):
   - ___ I plan to be absent from Lebanon on the day of the election.
   - ___ 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 because of an employment obligation. The term “employment obligation” includes the care of children and infirm adults, with or without compensation.

   *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:
   - ___ March 12, 2019 City and School Election

   **Note:** you will receive 2 separate ballots; one for the City and one for the School.

IV. Applicant’s Name (Please Print):
   - Last Name ____________________________  
   - First Name ____________________________  
   - Middle Name ____________________________ (Jr, Sr, II, III)

   Applicant’s voting Domicile (home) Address:
   - __________________________________________________________

   Full Street Address, City and ZIP, (including Apartment Number, if applicable)

   Mail the ballot to me at this address (if different than the above home address)

   __________________________________________________________

   Mailing Address (Full Street or PO Box, City, ZIP, if applicable)

   Phone number/email address (Optional): __________________________________________

   Applicant’s Signature: __________________________________________  Date Signed: ____________

   (Voter must sign to receive an absentee ballot)

   I attest that I assisted the applicant in executing this form because he/she has a disability. *RSA 657:4*

   Assistant’s Signature: __________________________________________  Date Signed: ____________

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**Mail to:** City of Lebanon, Attn: Office of the City Clerk, 51 North Park Street, Lebanon, NH 03766  
**Fax to:** (603)442-6148  
**Email to:** cityclerk@lebanonnh.gov  
**Hand Deliver** to the City Clerk’s Office