

# AFFIDAVIT

NH/VC

**WARNING: Ballots cannot be counted unless the Affidavit is completed and witnessed by both Absentee Voting Board members.**

I, \_\_\_\_\_,  
Print Voter's Name

swear or affirm that I am qualified to vote in the election or elections for which ballots are enclosed.

I am unable to vote at my precinct on election day because I am physically incapacitated and confined to a nursing home or Veteran's Center.

Check box if applicable:

I have **not** marked these ballots myself and have directed an assistant to mark them.

**Assistant's Oath** - This voter cannot mark their own ballot. I swear or affirm that I am not the voter's employer or an agent of the employer; I am not an officer or agent of the voter's union; and that I marked the ballots as directed by the voter.

\_\_\_\_\_  
Print Name of Assistant

\_\_\_\_\_  
Assistant's Signature

\_\_\_\_\_  
Assistant's Address of Residence (not necessary if Absentee Voting Board member)

**The voter's assistant cannot serve as a witness for this Affidavit, unless the assistant is an Absentee Voting Board Member.**

X \_\_\_\_\_  
Voter's Signature Date

## Two Absentee Voting Board Witnesses Required

AVB Member

AVB Member

\_\_\_\_\_  
Signature of AVB Member

\_\_\_\_\_  
Signature of AVB Member

\_\_\_\_\_  
Print Name of AVB Member

\_\_\_\_\_  
Print Name of AVB Member

Affidavit Envelope

## Did You?

1. Complete and sign the Affidavit Envelope? (See Voting and Preparing Your Ballot(s) #5.)
2. Enclose the Ballots Envelope containing your ballots?
3. Seal this Affidavit Envelope containing the Ballots Envelope?

If so, insert this sealed Affidavit Envelope inside the Return Envelope.