

SB 213-FN - AS INTRODUCED

2025 SESSION

25-1059

08/02

SENATE BILL ***213-FN***

AN ACT relative to absentee voting.

SPONSORS: Sen. Gray, Dist 6

COMMITTEE: Election Law and Municipal Affairs

ANALYSIS

This bill changes the standard for absentee voting to "It is more likely than not" that a voter will be absent.

This bill also requires the presentation of proof of identity, citizenship, age, and domicile when applying for an absentee ballot.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears ~~[in brackets and struckthrough.]~~
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Five

AN ACT relative to absentee voting.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Absentee Voting; Application Forms. Amend RSA 657:4 to read as follows:

2 657:4 **Application Form** ~~[Forms]~~.

3 I. Prior to any state election, the secretary of state shall prepare the appropriate application
4 forms for absentee ballots worded in substantially the following form. The secretary of state shall
5 insert the names of all parties qualified as set forth in RSA 652:11 in the list of parties on the
6 application form. The secretary of state shall prepare the application forms in such quantity as he or
7 she deems necessary:

8 ~~[Absence (Excluding Absence Due to Residence Outside the United States), Religious Observance,~~
9 ~~and Disability:~~

10 ~~I hereby declare that] My Current Registration Status~~ (check one):

11 ___ I am a duly qualified voter who is currently registered to vote in this town/ward (**Requires**
12 **proof of identity**).

13 ___ **I am registered in another New Hampshire town/ward but am not currently**
14 **registered to vote in this town/ward where I am domiciled (Requires proof of identity and**
15 **domicile). The town/ward where I am registered is _____.**

16 ___ **I am not currently registered to vote in any New Hampshire town/ward and** am absent
17 from the town/city where I am domiciled and will be until after the next election, or I am unable to
18 register in person due to a disability, and request that the forms necessary for absentee voter
19 registration be sent to me with the absentee ballot (**Requires proof of identity, citizenship, age,**
20 **and domicile**).

21 **How I qualify to vote by absentee ballot (check one):**

22 I ~~[will be entitled]~~ **qualify** to vote by absentee ballot because (check one):

23 ___ ~~[I plan to]~~ **It is more likely than not that I will** be absent on the day of the election from the
24 city, town, or unincorporated place where I am domiciled.

25 ___ I am confined in a penal institution for a misdemeanor or while awaiting trial.

26 ___ I am requesting a ballot for the presidential primary election and ~~[I may be]~~ **it is more likely**
27 **than not that I will be** absent on the day of the election from the city, town, or unincorporated
28 place where I am domiciled, but the date of the election has not been announced. I understand that I
29 may only make such a request 14 days after the filing period for candidates has closed, and that if I
30 will not be absent on the date of the election I am not eligible to vote by absentee ballot.

31 ___ I cannot appear in public on election day because of observance of a religious commitment.

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1 ____ I am unable to vote in person due to a disability.

2 ____ [~~I cannot~~] ***It is more likely than not that I will not be able to*** appear at ***my polling place***
3 any time during polling hours [~~at my polling place~~] because of an employment obligation. For the
4 purposes of this application, the term "employment" shall include the care of children and infirm
5 adults, with or without compensation.

6 For use only on the Monday immediately prior to the election: [~~I cannot~~] ***It is more likely than not***
7 ***that I will not be able to*** appear at my polling place on election day ***due to hazardous travel***
8 ***conditions*** because the National Weather Service has issued a winter storm warning, blizzard
9 warning, or ice storm warning for election day applicable to my city, town, or unincorporated place
10 and either (check one):

11 ____ [~~I am elderly or infirm or I have a physical disability, and~~] ***I*** would otherwise vote in person
12 but I have concerns for my safety traveling in the storm.

13 ____ I anticipate that school, child care, or adult care will be canceled, and would otherwise vote in
14 person but will need to care for children or infirm adults.

15 Any person who votes or attempts to vote using an absentee ballot who is not entitled to vote by
16 absentee ballot shall be guilty of a misdemeanor. RSA 657:24.

17 I am requesting an official absentee ballot for the following election (check one):

18 ____ Presidential Primary to be held on _____

19 (MM/DD/YYYY)

20 (The date may appear as blank when the date is not known.)

21 ____ State Primary to be held on _____

22 (MM/DD/YYYY)

23 ____ General Election

24 For primary elections, I am a member of or I am now declaring my affiliation with the (check one):

25 ____ Republican Party

26 ____ Democratic Party

27 ____ (name of any party determined by the secretary of state to have achieved official status under
28 RSA 652:11)

29 and am requesting a ballot for that party's primary.

30 Please print:

31 Applicant's Name:

32 _____

33 (Last) (First) (Middle) (Sr., Jr., II., III)

34 Applicant's Voting Domicile (home address):

35 _____

36 (Street Number) (Street Name) (Apt/Unit) (City/Town) (Ward) (Zip Code)

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

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1 _____
2 (Street Number) (Street Name) (Apt/Unit) (City/Town) (Ward) (Zip Code)

3 Applicant's Phone Number : _____

4 Applicant's Email Address : _____

5 ***The identification number on the applicant's government issued identification and the***
6 ***state from which the identification was issued:*** _____

7 Applicant's Signature: _____

8 Date Signed: _____

9 (MM/DD/YYYY)

10 I attest that I assisted the applicant in executing this form because [~~he or she~~] ***the applicant*** has a
11 disability.

12 Signature _____ Print Name _____

13 If your absentee ballot application or affidavit envelope has the printed name and signature of a
14 person who assisted you with voting, your signature will not be compared to your signature on the
15 absentee ballot affidavit to verify your identity. Otherwise, if your signatures do not appear to be
16 made by the same person, your absentee ballot may not be counted.

17 The applicant must sign this form to receive an absentee ballot. Any person who witnesses and
18 assists a voter with a disability in executing this form shall print and sign his or her name in the
19 space provided on the application form. The moderator will not compare the voter's signature on the
20 application with the signature on the absentee ballot affidavit when a person assisting the voter has
21 signed the statement on the absentee ballot application or affidavit envelope that assistance was
22 provided.

23 II.(a) Any person, other than the city or town clerk or the secretary of state, that publishes,
24 mails, or distributes in any manner any written communication that contains a form or post card
25 which a reasonable person would consider as intended to be used by the recipient of the
26 communication to submit a request for an absentee ballot shall identify who is publishing, mailing,
27 or distributing the communication, and attach a copy of the form prepared by the secretary of state
28 pursuant to paragraph I of this section to the communication or include in the communication a
29 complete facsimile of the form prepared by the secretary of state pursuant to paragraph I of this
30 section.

31 (b) Any person that publishes, mails, or distributes forms as described in subparagraph
32 (a) as part of any communication that is made for the purpose of promoting the success or defeat of a
33 candidate or candidates or measure or measures, as defined in RSA 664:2, shall be identified in the
34 same manner as political advertising under RSA 664:14.

35 (c) Any person that violates this paragraph shall be subject to a civil penalty not to
36 exceed \$1,000, to be imposed in the manner set forth in RSA 659:34, III-V.

1 III. The federal official post card form shall constitute the form made available by the
2 secretary of state pursuant to RSA 654:20 for absentee ballot applications by UOCAVA voters.

3 2 Absentee Registration Affidavit. Amend RSA 654:17 to read as follows:

4 654:17 Absentee Registration Affidavit.

5 I. The absentee registration affidavit shall be prepared by the secretary of state *for*
6 *individuals registering to vote for the first time in New Hampshire* and shall be in
7 substantially the following form:

8 Affidavit (Absence from town)

9 I, _____ do hereby swear or affirm, under the penalties for voting fraud set forth below,
10 the following:

11 1) That *I am a citizen of the United States*, my legal domicile is in the town/*city ward* of
12 _____, New Hampshire, I will be of the age of 18 years or over on election day and am
13 entitled to vote in the election to be held in said town/*city ward* on _____, _____
14 (date), except for the fact that my name does not appear on the checklist to be used in said town at
15 such election;

16 2) That [~~I do not intend to~~] *it is more likely than not that I will not* be present within [~~said~~] *the*
17 town/*city ward* at such time prior to said election as shall enable me personally to appear before the
18 supervisors of the checklist of said town/*city ward* in their regular sessions for the correction of the
19 checklist for said election;

20 3) That I am temporarily residing in _____ (city and state or city, province, and country);

21 4) That I hereby enclose [~~one of~~] the following [~~as~~] *required* proof of identity, *citizenship, age* and
22 domicile:

23 (a) *A copy of my birth certificate, United States passport or naturalization*
24 *papers; and*

25 (b) A copy of a current and valid New Hampshire driver's license or an armed services
26 identification or other photo identification issued by the United States government that shows my
27 name and address; or

28 [~~(b)~~] (c) A copy of a current and valid photo identification and a copy of a current utility
29 bill, bank statement, government check, paycheck, other government document that shows my name
30 and address, or a letter from the administrator of a nursing home or similar facility affirming that I
31 am a resident of that facility that was provided to me at my request pursuant to the administrator's
32 duty to provide such a letter upon my request;

33 5) That I acknowledge that if I do not provide a copy of proof of identity, *citizenship, age* and
34 domicile as required by section 4) above, this application may not be approved; and

35 6) That I hereby make application for the addition of my name to the checklist of said town to be
36 used at said election.

37 _____

1 Signature of Applicant

2 _____

3 Date

4 In accordance with RSA 659:34, the penalty for knowingly or purposefully providing false
5 information when registering to vote or voting is a class A misdemeanor with a maximum sentence
6 of imprisonment not to exceed one year and a fine not to exceed \$2,000. Fraudulently registering to
7 vote or voting is subject to a civil penalty not to exceed \$5,000.

8 **II. The absentee registration affidavit shall be prepared by the secretary of state for**
9 **individuals who have a physical disability:**

10 [~~Affidavit (Physical Disability)~~]

11 I, _____ do hereby swear or affirm, under the penalties for voting fraud set forth
12 below, the following:

13 1) That ***I am a citizen of the United States***, my legal domicile is in the town/***city ward*** of
14 _____, New Hampshire, I will be of the age of 18 years or over on election day, and am
15 entitled to vote in the election to be held in said town/***city ward*** on _____, ____ (date),
16 except for the fact that my name does not appear on the checklist to be used in said town at such
17 election;

18 2) That I am unable by reason of physical disability personally to appear before the supervisors of
19 the checklist of said town in their regular sessions for the correction of the checklist for said election;

20 3) That I hereby enclose [~~one of~~] the following [~~as~~] ***required*** proof of identity, ***citizenship, age*** and
21 domicile:

22 (a) ***A copy of my birth certificate, United States passport or naturalization***
23 ***papers; and***

24 (b) A copy of a current and valid New Hampshire driver's license or an armed services
25 identification or other photo identification issued by the United States government that shows my
26 name and address; or

27 [~~(b)~~](c) A copy of a current and valid photo identification and a copy of a current utility
28 bill, bank statement, government check, paycheck, other government document that shows my name
29 and address, or a letter from the administrator of a nursing home or similar facility affirming that I
30 am a resident of that facility that was provided to me at my request pursuant to the administrator's
31 duty to provide such a letter upon my request;

32 4) That I acknowledge that if I do not provide a copy of proof of identity, ***citizenship, age***, and
33 domicile as required by section 3) above, this application may not be approved; and

34 5) That I hereby make application for the addition of my name to the checklist of said town to be
35 used at said election.

36 _____

37 Signature of Applicant

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1 _____

2 Date

3 In accordance with RSA 659:34, the penalty for knowingly or purposefully providing false
4 information when registering to vote or voting is a class A misdemeanor with a maximum sentence
5 of imprisonment not to exceed one year and a fine not to exceed \$2,000. Fraudulently registering to
6 vote or voting is subject to a civil penalty not to exceed \$5,000.

7 ~~II.~~ **III.** There shall be printed below each of the foregoing affidavits the following
8 affirmation:

9 Affirmation

10 I, _____, the undersigned witness, do hereby swear or affirm, under the penalties for voting
11 fraud set forth below, that on the _____ day of _____, ____ (date), the above named,
12 _____, having satisfied me as to his or her identity, signed the foregoing affidavit in my
13 presence, and did before me swear to (or affirm) the truth of the statements therein contained.

14 _____

15 Signature of Witness

16 ***Notary Public/Justice of the Peace***

17

18 In accordance with RSA 659:34, the penalty for knowingly or purposefully providing false
19 information when registering to vote or voting is a class A misdemeanor with a maximum sentence
20 of imprisonment not to exceed one year and a fine not to exceed \$2,000. Fraudulently registering to
21 vote or voting is subject to a civil penalty not to exceed \$5,000.

22 3 New Paragraph; Absence, Religious Observance, and Disability Absentee Voting. Amend RSA
23 657:1 by inserting after paragraph II the following new paragraph:

24 III. When determining whether a voter will be absent on election day the standard "It is
25 more likely than not" shall be applied.

26 4 Effective Date. This act shall take effect 60 days after its passage.

**SB 213-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to absentee voting.

FISCAL IMPACT:

Estimated State Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
Revenue	\$0	\$0	\$0	\$0
<i>Revenue Fund</i>	None			
Expenditures*	Indeterminable			
<i>Funding Source</i>	General Fund			
Appropriations*	\$0	\$0	\$0	\$0
<i>Funding Source</i>	None			

*Expenditure = Cost of bill

*Appropriation = Authorized funding to cover cost of bill

Estimated Political Subdivision Impact				
	FY 2025	FY 2026	FY 2027	FY 2028
County Revenue	\$0	\$0	\$0	\$0
County Expenditures	Indeterminable			
Local Revenue	\$0	\$0	\$0	\$0
Local Expenditures	Indeterminable			

METHODOLOGY:

This bill adds, deletes, or modifies a criminal penalty, or changes statute to which there is a penalty for violation. Therefore, this bill may have an impact on the judicial and correctional systems, which could affect prosecution, incarceration, probation, and parole costs, for the state, as well as county and local governments. A summary of such costs can be found at: https://gencourt.state.nh.us/lba/Budget/Fiscal_Notes/JudicialCorrectionalCosts.pdf

This could possibly result in an increase in civil cases in the Superior Court, however, there is no way to predict how many such actions would occur so any such increase is indeterminable. The Judicial Branch has provided average cost information for civil cases in the Superior Court:

NH Judicial Branch Average Civil Case Estimates

Judicial Branch Average Cost	FY 2025	FY 2026
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Superior Court Complex Civil Case	\$1,430	\$1,473
Superior Court Routine Civil Case	\$535	\$552

Common Civil Case Fees

Superior Court Fees	As of 2/12/2020
Original Entry Fee	\$280
Third-Party Claim	\$280
Motion to Reopen	\$160

The Department of State indicates that this bill will require additional training however it will not have a fiscal impact on the Department.

AGENCIES CONTACTED:

Department of State, Judicial Branch, Judicial Council, Department of Justice, Department of Corrections, New Hampshire Association of Counties, and New Hampshire Municipal Association