Massachusetts Official

Absentee Ballot Application

See reverse side for instructions

William Francis Galvin
Secretary of the Commonwealth

Voter Information

1

Name: _____

Legal Voting Residence:

_____

_____

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

Ballot Information

2

Mail Ballot to: _____

_____

Ballot Requested For:

- ☐ All elections this year
- ☐ All general elections (No primaries)
- ☐ A specific election: _____
  Date of Election

Party (only if requesting primary ballot):

State Primaries: _____

Presidential Primary: _____

Special Circumstances
(If applicable)

3

- ☐ This application is being made by a family member of the voter.
  Relationship to voter: _____
- ☐ Voter is a member of military on active duty or dependent family member of active duty personnel.
- ☐ Voter is a Massachusetts citizen residing overseas.
- ☐ Voter has been admitted to a healthcare facility after noon on the fifth day before the election and has designated the following person to hand-deliver the ballot: _____
- ☐ Voter required assistance in completing application due to physical disability.
  Assisting person's name: _____
  Assisting person's address: _____

Signed (under penalty of perjury): _____ Date: _____

Eligibility

This application may be completed by...

- A registered voter; or
- A voter's family member (spouse, roommate, parent, sibling, child, aunt, uncle, niece, nephew, grandparent, grandchild, in-law).

Use this application to request an absentee ballot for...

A registered voter who will be unable to vote at the polls on Election Day due to absence from the voter's city or town during polling hours, disability, or religious beliefs.

OR

A non-registered voter who is:

- A Massachusetts citizen absent from the state;
- An active member of the armed forces or merchant marines, their spouse or dependent; or
- A person confined to a correctional facility or jail for reasons other than felony conviction.

Completing the Application

1. Voter Information – Provide the voter's name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. Ballot Information – Provide the address where you want the ballot mailed and indicate for which election(s) you are requesting a ballot. For primaries, if the voter is not enrolled in a party, provide the desired party ballot. Applications for "all elections this year" are valid for one calendar year.
3. Special Circumstances – Check any of the listed circumstances which apply to this application, if any.
4. Sign your name. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

Submitting the Application

Send the completed application to the local election official at the voter's city or town hall.

Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as the requester's signature is visible.

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to your local election official by Election Day.

Find contact information for local election officials at www.sec.state.ma.us/ele or by calling 1-800-462-VOTE (8683).

FOR REGISTRAR USE ONLY	
We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.	
_____	_____
_____	_____