

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 Lynn Election Commission, 3 City Hall Square, Rm 203, Lynn, MA 01901. Applications can be mailed or hand-delivered. Applications may also be emailed to krichard@lynnma.gov or faxed to (781) 477-7032, as long as the requester's signature is visible.

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.

