Massachusetts Official

Absentee Ballot Application

How to use this form

Box 1. Check all the boxes that apply to you. If the absentee ballot is to be used for a primary, circle the applicable party. **Remember**, in order to participate in a primary, you must be registered as a member of that party or as an unenrolled (independent) voter. Contact your town clerk, city clerk or election commission if you are unsure of your party designation.

Box 2. Print your name: last name, first name, middle name or initial.

Box 3. Print the address where you are registered to vote: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code.

Box 4. Check the appropriate box indicating your preference for obtaining your absentee ballot. Instead of having the ballot mailed to you, you have the option of voting at your city or town hall at a time arranged with the clerk or election commission. However, you must still submit a timely application. If you have entered a health care facility anytime after twelve o'clock noon of the 5th day before the relevant primary or election, contact the city or town clerk about the proper procedure to be followed. If the voter is applying for absentee ballots for all elections this year, be sure to notify the town clerk, city clerk or election commission of a change of mailing address.

Box 5. Print your date of birth: month, day and year.

Box 6. It is optional to provide your telephone number. If included and you do not check "unlisted" it will be a public record. Your telephone number may be used to contact you should a question arise concerning your application.

Box 7. It is optional to provide your e-mail address. If included, it will be a public record. Your e-mail may be used to contact you should a question arise concerning your application.

Box 8. Print today's date.

Box 9. Sign your name. Signed under penalty of perjury.

Box 10. If the applicant is unable to complete and sign this application because of blindness, physical disability, the inability to read or the inability to read English, any person designated by the voter may do so.

William Francis Galvin
Secretary of the Commonwealth

This application is for use by:

- A registered voter who will be unable to vote at the polls on election day due to:
  - (1) absence from your city or town during normal polling hours; or
  - (2) physical disability preventing you from going to the polling place; or
  - (3) religious belief;

OR

- A non-registered voter who is:
  - (1) a Massachusetts citizen absent from the state; or
  - (2) an active member of the armed forces or merchant marines, their spouse or dependent; or
  - (3) a person confined in a correctional facility or a jail, except if by reason of felony conviction.

Mailing instructions:

This application must be received by noon on the day before the election. This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to $10,000 and up to five years in prison.

1 **This absentee ballot application is being made for:**
☐ a primary *(circle party)* *Democratic* *Republican* ☐ a preliminary election ☐ an election _____ *date of election* ☐ all elections this year

2 **Full name:** *last name* *first name* *middle name or initial.* *Jr. Sr. II III IV (circle one if appropriate)*
Miss Ms. Mrs. Mr.

3 **Your legal voting residence:** *street and number, apt. number* *city or town* *ward/precinct (if known)*

Check if applicable: ☐ I am living outside the United States and the above address is my last residence in the U.S.

4 **Complete and check *only one* of the following:**

☐ Mail ballot to me at this address: *street & number* *p.o. box, if any* *city or town* *state or country* *zip code*

_____

☐ I will call the town clerk or city clerk or election commission and vote there at a time arranged with the clerk or election commission.

☐ I have been admitted to the _____, a hospital or other health care facility after twelve o'clock noon of the 5th day before the primary/election and I request that my absentee ballot be delivered to me by an election official or: _____
name of a person designated by voter

5 **Date of birth:** *month day year*

6 **Telephone** (optional): ☐ *Check if unlisted*

7 **E-mail address** (optional):

8 **Today's date:** *month day year*

9 **Signed:** (under penalty of perjury)

10 **Only to be completed by any person assisting applicant.** Complete and sign the following:
I assisted in completing this application since the applicant was unable to do so because of: _____ .
reason

_____
signature of assisting person (signed under penalty of perjury) *printed name of assisting person*

_____
street and number *city or town* *zip code*

We, a majority of the Registrars of Voters, certify to the best of our knowledge that the signature on the reverse appears to be genuine and that we believe this applicant is a registered voter, or otherwise eligible to vote, in

_____ _____.
Ward *Precinct*

_____ _____

_____ _____

Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.

_____
name

_____
number and street

_____
city or town *, MA zip code*

Place
First Class
Stamp Here

City or Town Clerk or Election Commission

City or Town Hall

, MA

YOUR CITY OR TOWN *ZIP CODE FOR CITY OR TOWN HALL*