Massachusetts Official

Absentee Ballot Application by a Family Member

William Francis Galvin
Secretary of the Commonwealth

How to use this form

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

Box 2. Print the voter's name: last name, first name, middle name or initial.

Box 3. Print the address where the voter is registered: 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. The ballot will be mailed to the voter. Print the voter's mailing address if it is different from their legal voting residence. 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 the voter's date of birth: month, day and year.

Box 6. It is optional to provide the voter's telephone number. If the telephone number is included and "unlisted" is not checked, it will be a public record. The telephone number may be used to contact the voter should a question arise concerning the application.

Box 7. It is optional to provide the voter's e-mail address. If an e-mail address is included, it will be a public record. The e-mail address may be used to contact the voter should a question arise concerning the application.

Box 8. Print your name and relationship to the voter. Be sure that you qualify as a "family member" as defined at right.

Box 9. Print your address 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 10. Print today's date.

Box 11. Sign your name. Signed under penalty of perjury.

This application is for use by a family member of:

- 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.

A "family member" must be:

a spouse or person residing in the same household, in-laws, father, mother, sister or brother of the whole or half blood, son, daughter, adopting parent or adopted child, stepparent or stepchild, uncle, aunt, niece, nephew, grandparent or grandchild.

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

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

4 Voter's mailing address (if different than #3):
Mail ballot to me at this address: *street & number* *p.o. box, if any* *city or town* *state or country* *zip code*

5 Voter's date of birth: *month day year*

6 Voter's Telephone (optional): ☐ *Check if unlisted*

7 Voter's E-mail address (optional):

8 Your name and relationship to the voter:
Printed name: Relationship:

9 Your address: *street & number* *city or town* *zip code*

10 Today's date: *month day year*

11 Your Signature:
(under penalty of perjury)

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*