

Massachusetts Official Absentee Ballot Application



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 the voter's 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.

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**, you may not participate in one party's primary, if you are registered as a member of another party. 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, but

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 (if assisting the voter, sign the voter's name).
- 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.

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:					
	<input type="checkbox"/> a primary (circle party) Democratic Republican		<input type="checkbox"/> a preliminary election		date of election _____	
	Green-Rainbow United Independent Party		<input type="checkbox"/> an election _____		<input type="checkbox"/> 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: <input type="checkbox"/> I am an active duty service member/dependent family member outside Massachusetts. Check if applicable: <input type="checkbox"/> 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:					
	<input type="checkbox"/> Mail ballot to me at this address: _____					
	street & number	p.o. box, if any	city or town	state or country	zip code	
	<input type="checkbox"/> 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.					
	<input type="checkbox"/> 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: _____		Telephone (optional): <input type="checkbox"/> Check if unlisted		E-mail address (optional): _____	
	month	day	year			
8	Today's date: _____		Signed: _____			
	month	day	year	(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

_____	_____
<i>Ward</i>	<i>Precinct</i>
_____	_____
_____	_____

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

name

number and street

_____, *MA*

city or town _____ *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