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.

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.



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
 - 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.

nary (circle party)			le for:	unic of	f election
iai y (circie party)	Democratic	Republican	\Box a preliminary election	on \square an election	\Box all elections this year
	last nar	ne	first name	middle name or initial.	Jr. Sr. II III IV (circle one if appropriate)
al voting resid	lence:	street an	d number, apt. number	city or town	ward/precinct (if known)
applicable: 🗆 I	am living out	side the Unit	ed States and the above addr	ess is my last residence in th	ne U.S.
te and check o	nly one of t	he followin	g:		
allot to me at th	is address:	street & nun	p.o. box, if any	city or town	n state or country zip code
call the town cle	rk or city cle	k or election	commission and vote there	at a time arranged with the	clerk or election commission.
o'clock noon o	f the 5th day	before the pr	imary/election and I request	that my absentee ballot be o	tal or other health care facility after delivered to me by an election
			name of a per	rson designated by voter	
birth: day year	6 Telep	hone (option	nal): 🗆 Check if unlisted	7 E-mail address (opt	ional):
date: month	day ye	gar 9	Signed:		
in completing t	his applicatio	n since the a	pplicant was unable to do so	because of:	reason ·
		1 1 1			
signature of assi	sung person (sig	nea unaer penali	y oj perjury)	printed	l name of assisting person
street	and number		city or town		zip code
	applicable: Ite and check or allot to me at the call the town clear the call the town clear the concentration of the concentration of the completed of the complete completed of the completing the completing the completing the completing the completion of the comp	gal voting residence: applicable: I am living out the and check only one of the callot to me at this address: call the town clerk or city cler been admitted to the e o'clock noon of the 5th day all or: birth: day year date: month day ye be completed by any person l in completing this application	rs. Mr. gal voting residence: street and applicable: □ I am living outside the Unite te and check only one of the following pallot to me at this address: street & number address: street & number address address: street & number address	sal voting residence: street and number, apt. number applicable: I am living outside the United States and the above addrese and check only one of the following: The property of the primary of the primary of perjury of perju	applicable: □ I am living outside the United States and the above address is my last residence in the and check only one of the following: allot to me at this address: street ê number p.o. box, if any city or town call the town clerk or city clerk or election commission and vote there at a time arranged with the been admitted to the

City or Town Clerk or Election Commission

ZIP CODE FOR CITY OR TOWN HALL

City or Town Hall

YOUR CITY OR TOWN