



Non-Profit Org.  
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Boston, Mass.  
Permit No. 56865

William Francis Galvin  
Secretary of the Commonwealth  
1 Ashburton Place, Room 1705  
Boston, MA 02108-1512



*PARA USO EXCLUSIVO DE LA OFICINA:*

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*

\_\_\_\_\_

\_\_\_\_\_

*Devuélvase al Secretario Municipal o a la Comisión Electoral. Dóblese a lo largo de la línea punteada y selle con cinta pegante antes de remitir.*

\_\_\_\_\_

*nombre*

\_\_\_\_\_

*calle y número*

\_\_\_\_\_

*ciudad* , **MA** *código postal*

*Coloque un  
sello postal de  
primera clase  
aquí*

**City or Town Clerk or Election Commission**

**City or Town Hall**

\_\_\_\_\_ , **MA**

Su ciudad Código postal