

Massachusetts Official Absentee Ballot Application



William Francis Galvin
Secretary of the Commonwealth

See reverse side for instructions

Voter Information

1

Name: _____

Legal Voting Residence:

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

Ballot Information

2

Mail Ballot to: _____

Ballot Requested For:

All elections this year

All general elections (No primaries)

A specific election: _____
Date of Election

Party (only if requesting primary ballot):

State Primaries: _____

Presidential Primary: _____

Special Circumstances (If applicable)

3

This application is being made by a family member of the voter.

Relationship to voter: _____

Voter is a member of military on active duty or dependent family member of active duty personnel.

Voter is a Massachusetts citizen residing overseas.

Voter has been admitted to a healthcare facility after noon on the fifth day before the election and has designated the following person to hand-deliver the ballot: _____

Voter required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

Signed (under penalty of perjury): _____ Date: _____