

Massachusetts Official
Absentee Ballot Application

See reverse side for instructions



William Francis Galvin
Secretary of the Commonwealth

**Voter
Information**

1

Name: _____

Legal Voting Residence: _____

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

**Ballot
Information**

*(Independent
voters may vote in
a primary without
registering with a
party)*

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: _____