

Massachusetts Official
Absentee Ballot Application

See reverse side for instructions



William Francis Galvin
Secretary of the Commonwealth

**Voter
Information**

Name: _____

Legal Voting Residence:

1

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

**Ballot
Information**

Mail Ballot to: _____

2

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)**

- 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: _____