

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**

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: \_\_\_\_\_