## Massachusetts Official

# Absentee Ballot Application

How to use this form

Box 1. Check all the boxes that apply to you. If the absentee ballot is to be used for a primary, circle the applicable party. Remember, in order to participate in a primary, you must be registered as a member of that party or as an unenrolled (independent) voter. Contact your town clerk, city clerk or election commission if you are unsure of your party designation.

Box 2. Print your name: last name, first name, middle name or initial.

Box 3. Print the address where you are registered to vote: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code.

Box 4. Check the appropriate box indicating your preference for obtaining your absentee ballot. Instead of having the ballot mailed to you, you have the option of voting at your city or town hall at a time arranged with the clerk or election commission. However, you must still submit a timely application. If you have entered a health care facility anytime after twelve o'clock noon of the 5th day before the relevant primary or election, contact the city or town clerk about the proper procedure to be followed. If the voter is applying for absentee ballots for all elections this year, be sure to notify the town clerk, city clerk or election commission of a change of mailing address.

Box 5. Print your date of birth: month, day and year.

Box 6. It is optional to provide your telephone number. If included and you do not check "unlisted" it will be a public record. Your telephone number may be used to contact you should a question arise concerning your application.

Box 7. It is optional to provide your e-mail address. If included, it will be a public record. Your e-mail may be used to contact you should a question arise concerning your application.

Box 8. Print today's date.

Box 9. Sign your name.

Box 10. If the applicant is unable to complete and sign this application because of blindness, physical disability, the inability to read or the inability to read English, any person designated by the voter may do so.



### This application is for use by:

- A registered voter who will be unable to vote at the polls on election day due to:
  - (1) absence from your city or town during normal polling hours; or
  - (2) physical disability preventing you from going to the polling place; or
  - (3) religious belief;

#### OR

- A non-registered voter who is:
  - (1) a Massachusetts citizen absent from the state; or
  - (2) an active member of the armed forces or merchant marines, their spouse or dependent; or
  - (3) a person confined in a correctional facility or a jail, except if by reason of felony conviction.

#### Mailing instructions:

This application must be received by noon on the day before the election. This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to \$10,000 and up to five years in prison.

person designated by the voter may	do so.				
This absentee ballot ap	plication is l	being made f		date of election	
a primary (circle party)		Republican Working Families	a preliminary election	an election	□ all elections this year
Full name:  Miss Ms. Mrs. Mr.	last name		first name	middle name or initial.	jr. Sr. II III IV (circle one if appropriate)
Your legal voting resid	ence:	street and n	ımber, apt. number	city or town	ward/precinct (if known)
Check if applicable: 🗆 I	am living outsid	de the United S	tates and the above address i	s my last residence in the U.S	),
Complete and check or	ly one of the	e following:			
☐ Mail ballot to me at this	s address:	street & number	p.o. box, if any	city or town	state or country zip code
☐ I will call the town cler	k or city clerk	or election co	mmission and vote there at a	time arranged with the clerk	or election commission.
☐ I have been admitted to twelve o'clock noon of official or:	the 5th day be		ry/election and I request that	, a hospital or my absentee ballot be delive	other health care facility after red to me by an election
			name of a person a	lesignated by voter	
Date of birth:  month day year	6 Telepho	_	: □ Check if unlisted 7	E-mail address (optional	):
Today's date: month	day year	9 Sigi	ned:		
			<b>plicant.</b> Complete and sign t cant was unable to do so bec		
					reason
signature of assis	ting person (signed	l under penalty of j	berjury)	printed name	of assisting person
streef a	nd number		city or town		zip code

	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				
	Return to City or I	own Clerk or Election Commission	Fold along dotted line and close with tape for mailing.			
······································				Place		
ber and street				First Cla		
				Stamp H		

City or Town Clerk or Election Commission

City or Town Hall

YOUR CITY OR TOWN