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. Signed under penalty of perjury.

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
 - 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.

1	This absentee ballot application is being made	date of election					
1	a primary (circle party) Democratic Republican	☐ a preliminary election	an election	\square all elections this year			
2	Full name: last name Miss Ms. Mrs. Mr.	first name	middle name or initial.	Jr. Sr. II III IV (circle one if appropriate)			
3	Your legal voting residence: street and	number, apt. number	city or town	ward/precinct (if known)			
	Check if applicable: $\hfill\square$ I am living outside the United	l States and the above address i	is my last residence in the U.S.				
4	Complete and check only one of the following:	:					
	☐ Mail ballot to me at this address: street & number	er p.o. box, if any	city or town	state or country zip code			
	I will call the town clerk or city clerk or election commission and vote there at a time arranged with the clerk or election commission.						
	have been admitted to the, a hospital or other health care facility afte twelve o'clock noon of the 5th day before the primary/election and I request that my absentee ballot be delivered to me by an election official or:						
	name of a person designated by voter						
5	Date of birth: nonth day year 6 Telephone (optional): Check if unlisted 7 E-mail address (optional):						
8		gned: nder penalty of perjury)					
10		to be completed by any person assisting applicant. Complete and sign the following:					
	assisted in completing this application since the applicant was unable to do so because of:						
	signature of assisting person (signed under penalty of	ussisting person					
	street and number	city or town		zip code			

aber and street				First Clas	
ne .				Place	
	Return to City or	Town Clerk or Election Commissi 	ion. Fold along dotted line and close with tape for mailing.		
	wara	1 recinci			
	eligible to vote, in Ward	Precinct	_•		
	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				

City or Town Clerk or Election Commission

ZIP CODE FOR CITY OR TOWN HALL

City or Town Hall

YOUR CITY OR TOWN