Commonwealth of Massachusetts

Absentee Ballot Application

William Francis Galvin
Secretary of the Commonwealth

This application is for use by:

1. A registered voter; ***OR***
2. A non-registered voter who is: (a) a Massachusetts citizen absent from the state; ***OR*** (b) an active member of the armed forces or merchant marines, their spouse or dependent; ***OR*** (c) a prisoner.

Instructions

- Fill out and sign this application only if you will be unable to vote at the polls on election day due to: (1) absence from your city or town during the hours the polls are open; (2) physical disability preventing you from going to the polling place; or (3) religious belief; OR if you qualify under #2 above.
- Remember to sign the application at number 5.
- Deliver or mail (remember to attach postage) this application to the city or town clerk or election commission in the city or town where you cast your vote. This application ***must*** be received by ***noon on the day before the election***. If the applicant has 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.
- The ballot will be mailed to you. You can then mail the ballot back to the city or town clerk or you (or a family member) may deliver the ballot in person to the city or town clerk.
- 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.

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.

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1 **This absentee ballot application is being made for:**
☐ a primary ☐ a preliminary election ☐ an election ☐ all elections this year

2 **If this application is for a *primary*, the ballot requested is for the:**
☐ Democratic Party ☐ Republican Party ☐ Libertarian Party

3 **Your legal voting residence:**

_____
street and number, apt. number *city or town* *ward/precinct (if known)*

Check if applicable: ☐ I am living outside the United States and the above address 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 *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.

☐ I have been admitted to the _____, a hospital or other health care facility after 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 **Sign your name here:** _____ _____
signature (signed under penalty of perjury) *date*

Print your name here: _____

6 **Only to be completed by any person assisting applicant.** If the applicant is unable to complete and sign this application because of blindness, physical disability, inability to read or the inability to read English, any person designated by the voter may do so. Complete and sign the following:

I assisted in completing this application since the applicant was unable to do so because of: _____.
reason

_____
signature of assisting person (signed under penalty of perjury) *printed name of assisting person*

_____
street and number *city or town* *zip code*

AV2-99-600M