

Massachusetts Official Absentee Ballot Application by a Family Member



William Francis Galvin
Secretary of the Commonwealth

How to use this form

- Box 1.** Check all the boxes that apply to the voter. If the absentee ballot is to be used for a primary, circle the applicable party. Remember, in order to participate in a primary, the voter must be registered as a member of that party or as an unenrolled (independent) voter. Contact the voter's town clerk, city clerk or election commission if he or she is unsure of their party designation.
- Box 2.** Print the voter's name: last name, first name, middle name or initial.
- Box 3.** Print the address where the voter is registered: 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.** The ballot will be mailed to the voter. Print the voter's mailing address if it is different from their legal voting residence. 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 the voter's date of birth: month, day and year.
- Box 6.** It is optional to provide the voter's telephone number. If the telephone number is included and "unlisted" is not checked, it will be a public record. The telephone number may be used to contact the voter should a question arise concerning the application.
- Box 7.** It is optional to provide the voter's e-mail address. If an e-mail address is included, it will be a public record. The e-mail address may be used to contact the voter should a question arise concerning the application.
- Box 8.** Print your name and relationship to the voter. Be sure that you qualify as a "family member" as defined at right.
- Box 9.** Print your address 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 10.** Print today's date.
- Box 11.** Sign your name. Signed under penalty of perjury.

This application is for use by a family member of:

- A registered voter who will be unable to vote at the polls on election
 - (1) absence from your city or town during normal polling hours;
 - (2) physical disability preventing you from going to the polling place;
 - (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 marine, or a spouse or dependent; or
 - (3) a person confined in a correctional facility or a jail, except for a conviction of felony conviction.

A "family member" must be:

a spouse or person residing in the same household, in-laws, father, mother, brother of the whole or half blood, son, daughter, adopting parent or a stepparent or stepchild, uncle, aunt, niece, nephew, grandparent or grandchild.

Mailing instructions:

This application must be received by noon on the day before the election. It may be mailed or hand-delivered to your city or town hall. If mailed, fold the application in half lengthwise, place a first class stamp on it, print your city or town name and zip code on the envelope, and drop into your 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 one year in prison.

1	This absentee ballot application is being made for:						
	<input type="checkbox"/> a primary (circle party) <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="padding: 0 5px;"><i>Democratic</i></td> <td style="padding: 0 5px;"><i>Republican</i></td> <td style="padding: 0 5px;"><i>Libertarian</i></td> </tr> </table>	<i>Democratic</i>	<i>Republican</i>	<i>Libertarian</i>	<input type="checkbox"/> a preliminary election	<input type="checkbox"/> an election _____ <small>date of election</small>	<input type="checkbox"/> all elections
<i>Democratic</i>	<i>Republican</i>	<i>Libertarian</i>					
2	Full name of voter:						
	<small>Miss Ms. Mrs. Mr.</small>	<small>last name</small>	<small>first name</small>	<small>middle name or initial</small>	<small>Jr. Sr. L.</small> <small>(circle one)</small>		
3	Voter's legal voting residence:						
	<small>street and number, apt. number</small>		<small>city or town</small>	<small>ward/precinct</small>			
4	Voter's mailing address (if different than #3):						
	Mail ballot to me at this address:						
	<small>street & number</small>	<small>p.o. box, if any</small>	<small>city or town</small>	<small>state or country</small>			
5	Voter's date of birth:	6	Voter's Telephone (optional):	7	Voter's E-mail address (optional):		
	<small>month day year</small>		<input type="checkbox"/> Check if unlisted				
8	Your name and relationship to the voter:						
	Printed name:		Relationship:				
9	Your address:						
	<small>street & number</small>	<small>city or town</small>	<small>zip code</small>				

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 Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.

name

number and street

_____, *MA* *zip code*

City or Town Clerk or Election Commission

City or Town Hall

, MA

YOUR CITY OR TOWN

ZIP CODE FOR CITY OR TOWN HALL