Massachusetts Official
Absentee Ballot Application
See reverse side for instructions

Voter Information

Name: ____________________________________________

Legal Voting Residence:

________________________________________________

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Date of Birth: _______________ Telephone Number: ________________________

E-mail Address: ________________________________________________________

Ballot Information

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)

☐ 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 disabiity.

Assisting person’s name: ____________________________________________

Assisting person’s address: _________________________________________

Signed (under penalty of perjury): ___________________________ Date: ____________