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

☐ 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 disability.

Assisting person's name: ____________________________

Assisting person's address: ____________________________

Signed (under penalty of perjury): ____________________________ Date: _______________