Massachusetts Official
Absentee Ballot Application
See reverse side for instructions

Voter Information

Name: ____________________________________________

Legal Voting Residence: ____________________________________________

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 disability.
  Assisting person's name: ____________________________________________
  Assisting person's address: ____________________________________________

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

William Francis Galvin
Secretary of the Commonwealth