

Massachusetts Official  
**Absentee Ballot Application**

See reverse side for instructions



William Francis Galvin  
Secretary of the Commonwealth

**1**

**Voter Information**

Full Name: \_\_\_\_\_

Legal Voting Residence: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**2**

**Ballot Information**

*(Independent voters may vote in a primary without registering with a party)*

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: \_\_\_\_\_

**3**

**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 is incarcerated, but not for a felony conviction.
- Voter has been admitted to a healthcare facility within 7 days of 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: \_\_\_\_\_

**4**

Signed (under penalty of perjury): \_\_\_\_\_ Date: \_\_\_\_\_