

Massachusetts Official  
**Absentee Ballot Application**

See reverse side for instructions



William Francis Galvin  
Secretary of the Commonwealth

**Voter  
Information**

1

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

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

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

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

**Ballot  
Information**

2

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)

3

☐ 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: \_\_\_\_\_