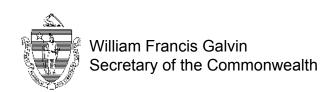
Massachusetts Vote by Mail Application



Section 1- Voter Information:	
Name:	
Address of Voter Registration:	
Ballot Mailing Address (if different):	
Date of Birth: Phone Nu	mber (optional):
E-mail Address (optional):	
Section 2 - Ballot Information:	
Elections:	
All elections this year	
A specific election (date):	
Primary Ballots (choose one):	
☐ Democratic	
Republican	
☐ No Primary Ballots	
Section 3 - Assistance:	
☐ Voter required assistance in completing application due to	physical disability.
Assisting person's name:	
Assisting person's address:	
This application is being made by a family member.	
Relationship to Voter:	
Signed (under penalty of perjury):	Date:

Completing the Application

- 1. Voter Information Provide your name, the address where you are registered to vote, your ballot mailing address (if different) and date of birth.
- 2. Ballot Information Choose which ballot(s) you want to receive by mail.

Choose a primary ballot option if you are not registered in a party.

- 3. Assistance If you're helping someone complete this application, or you're requesting a ballot for a family member, fill out this section.
- 4. Sign your name If you can't sign your name, you may ask someone to sign your name in your presence.

Submitting the Application

Send this completed application to the local election office for your city or town. Find contact information for local election officials at www.VoteInMA.com or by calling 1-800-462-VOTE (8683).

Application Deadlines

This application must reach your local election office by 5 p.m. on the fifth business day before Election Day.