

Massachusetts Official  
Absentee Ballot Application



William Francis Galvin  
Secretary of the Commonwealth

**Voter  
Information**

1

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

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

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

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

**Ballot  
Information**

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

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: \_\_\_\_\_