Massachusetts
Vote by Mail Application

William Francis Galvin
Secretary of the Commonwealth

Section 1 - Voter Information:
Name: ____________________________________________
Address of Voter Registration: ________________________________
Ballot Mailing Address (if different): ______________________________
Date of Birth: ___________________ Phone Number (optional): ____________________________
E-mail Address (optional): ____________________________

Section 2 - Ballot Information:
Elections:
☐ All elections this year
☐ A specific election (date): ________________________________
Primary Ballots (choose one):
☐ Democratic
☐ Republican
☐ Libertarian
☐ 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.