Massachusetts Official
Absentee Ballot Application
See reverse side for instructions

Voter Information
Name: __________________________________________

Legal Voting Residence: __________________________________________

Date of Birth: _____________ Telephone Number: _____________

E-mail Address: __________________________________________

Ballot Information
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)
☐ 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: _____________