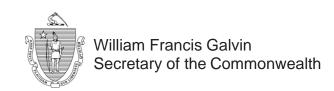
## Massachusetts Vote by Mail Application



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 n	nember.
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 <a href="https://www.VotelnMA.com">www.VotelnMA.com</a> 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.