# 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.