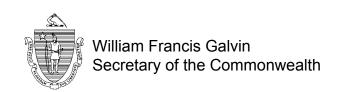
## Massachusetts Vote by Mail Application



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 appl	ication due to physical disability.	
Assisting person's name:		
Assisting person's address:		
This application is being made by a family m	ember.	
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.VoteInMA.com">www.VoteInMA.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.