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: ____________
Eligibility
This application may be completed by...
  • A registered voter; or
  • A voter’s family member (spouse, roommate, parent, sibling, child, aunt, uncle, niece, nephew, grandparent, grandchild, in-law).

Use this application to request an absentee ballot for...
A registered voter who will be unable to vote at the polls on Election Day due to absence from the voter’s city or town during polling hours, disability, or religious beliefs.

OR
A non-registered voter who is:
  • A Massachusetts citizen absent from the state;
  • An active member of the armed forces or merchant marines, their spouse or dependent; or
  • A person confined to a correctional facility or jail for reasons other than felony conviction.

Completing the Application
1. Voter Information – Provide the voter’s name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. Ballot Information – Provide the address where you want the ballot mailed and indicate for which election(s) you are requesting a ballot. For primaries, if the voter is not enrolled in a party, provide the desired party ballot. Applications for “all elections this year” are valid for one calendar year.
3. Special Circumstances – Check any of the listed circumstances which apply to this application, if any.
4. Sign your name. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person’s information in Section 3.

Submitting the Application
Send the completed application to the local election official at the voter’s city or town hall.
Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as the requester’s signature is visible.

Find contact information for local election officials at www.sec.state.ma.us/ele or by calling 1-800-462-VOTE (8683).

FOR REGISTRAR USE ONLY

We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.

_____________________________  ______________________________
_____________________________  ______________________________