

Massachusetts Official
In-Person Absentee Ballot Application



William Francis Galvin
Secretary of the Commonwealth

See reverse side for instructions

**Voter
Information**

1

Name: _____

Legal Voting Residence:

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

**Ballot
Information**

2

Date of Election: _____

Type of Election:

- State Election
- State Primary
- Presidential Primary
- Local Election
- Local Preliminary

Party (only if requesting primary ballot): _____

**Special
Circumstances
(If applicable)**

3

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 required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

Signed (under penalty of perjury): _____ Date: _____

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.

