



William Francis Galvin  
Secretary of the Commonwealth

# Massachusetts Vote by Mail Application

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## Section 1- Voter Information:

Name: \_\_\_\_\_

Address of Voter Registration: \_\_\_\_\_

Ballot Mailing Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number (optional): \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

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## Section 2 - Ballot Information:

Elections:

All elections this year

A specific election (date): \_\_\_\_\_

Primary Ballots (choose one):

Democratic

Republican

No Primary Ballots

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## 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: \_\_\_\_\_

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→ Signed (under penalty of perjury): \_\_\_\_\_ Date: \_\_\_\_\_

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## 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](http://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.