

Massachusetts Official  
In-Person Absentee Ballot Application

See reverse side for instructions



William Francis Galvin  
Secretary of the Commonwealth

**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.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_