# Massachusetts

Vote by Mail Application

William Francis Galvin Secretary of the Commonwealth

## Section 1- Voter Information:

Name: Address of Voter Registration: Ballot Mailing Address (if different): Date of Birth: Phone Number: 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 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:

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.

1. Assistance – If you’re helping someone complete this application, or you’re requesting a ballot for a family member, fill out this section.
2. 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:**  **Town Clerk’s Office, One Avenue A, Turners Falls, MA 01376.**

## Application Deadlines

This application must reach your local election office by 5 p.m. on the fifth business day before Election Day.