2023 Vote by Mail Application



1 Voter Information	Name: Address of Voter Registration:		
		Phone Number (optional);	
	E-mail Address (optional):		
2 Ballot Information	Elections:		
	Elections all year	D	
	Ballot Mailing Address		
3 Assistance	□ Voter required assistance in completing application due to physical disability. Assisting person's name:		
	Assisting person's addre	ess:	
	Relationship to Voter:		
Signed (under p	enalty of perjury):	Date:	

Eligibility

Any registered voter may use this application to request a mail-in ballot for any 2023 election.

Completing the Application

- 1. Voter Information Provide your name, the address where you are registered to vote, and date of birth.
- 2. Ballot Information Choose which ballot(s) you want to receive by mail. If you're requesting a primary ballot and you're not registered in a party, you must pick a primary ballot. Provide your ballot mailing address.
- 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 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.

¹ Deadline: May 10, 2023

Massachusetts Official Absentee Ballot Application

See reverse side for instructions



Voter	Name: Legal Voting Residence: 1	
Information		
	Date of Birth: Telephone Number:	
	E-mail Address:	
Ballot Information	Mail Ballot to:	
	Ballot Requested For:	
	All elections this year	
	2 All general elections (No primaries)	
	A specific 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:	
	\Box Voter is a member of military on active duty or dependent family member of	
	active duty personnel.	
	Voter is a Massachusetts citizen residing overseas.	
	3 \Box 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: ___