Massachusetts Official

Absentee Ballot Application by a Family Member

William Francis Galvin
Secretary of the Commonwealth

This application is for use by a family member of:

- A registered voter who will be unable to vote at the polls on Election Day due to:
  (1) absence from the voter's city or town during normal polling hours; or
  (2) physical disability preventing the voter from going to the polling place; or
  (3) religious belief;

OR

- A non-registered voter who is:
  (1) a Massachusetts citizen absent from the state; or
  (2) an active member of the armed forces or merchant marines, their spouse or dependent; or
  (3) a person confined in a correctional facility or a jail, except if by reason of felony conviction.

How to use this form

Box 1. Check all the boxes that apply to the voter. If the absentee ballot is to be used for a primary, circle the applicable party. **Remember**, a voter may not participate in one party's primary, if the voter is registered as a member of another party. Contact the voter's town clerk, city clerk or election commission if he or she is unsure of their party designation.

Box 2. Print the voter's name: last name, first name, middle name or initial.

Box 3. Print the address where the voter is registered: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code.

Box 4. The ballot will be mailed to the voter. Print the voter's mailing address if it is different from their legal voting residence. If the voter is applying for absentee ballots for all elections this year, be sure to notify the town clerk, city clerk or election commission of a change of mailing address.

Box 5. Print the voter's date of birth: month, day and year.

Box 6. It is optional to provide the voter's telephone number. If the telephone number is included and "unlisted" is not checked, it will be a public record. The telephone number may be used to contact the voter should a question arise concerning the application.

Box 7. It is optional to provide the voter's e-mail address. If an e-mail address is included, it will be a public record. The e-mail address may be used to contact the voter should a question arise concerning the application.

Box 8. Print your name and relationship to the voter. Be sure that you qualify as a "family member" as defined below.

Box 9. Print your address number and street name or rural route number and box number (do not provide a post office box number), apartment number, city or town and full zip code.

Box 10. Print today's date.

Box 11. Sign your name. Signed under penalty of perjury.

A "family member" must be:

a spouse or person residing in the same household, in-laws, father, mother, sister or brother of the whole or half blood, son, daughter, adopting parent or adopted child, stepparent or stepchild, uncle, aunt, niece, nephew, grandparent or grandchild.

Mailing instructions:

This application must be received by noon on the day before the election. This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to $10,000 and up to five years in prison.

1 This absentee ballot application is being made for:
☐ a primary *(circle party)* *Democratic* *Republican* *Green-Rainbow* *United Independent Party* ☐ a preliminary election ☐ an election *date of election* _____ ☐ all elections this year

2 Full name of voter: *Miss Ms. Mrs. Mr.* *last name* *first name* *middle name or initial.* *Jr. Sr. II III IV (circle one if appropriate)*

3 Voter's legal voting residence: *street and number, apt. number* *city or town* *ward/precinct (if known)*

Check if applicable: ☐ The voter is an active duty service member/dependent family member outside Massachusetts.
Check if applicable: ☐ The voter is living outside the United States and the above address is the voter's last residence in the U.S.

4 Voter's mailing address **(if different than #3):**
Mail ballot to me at this address: *street & number* *p.o. box, if any* *city or town* *state or country* *zip code*

5 Voter's date of birth: *month day year*

6 Voter's Telephone (optional): ☐ *Check if unlisted*

7 Voter's E-mail address (optional):

8 Your name and relationship to the voter:
Printed name: Relationship:

9 Your address: *street & number* *city or town* *zip code*

10 Today's date: *month day year*

11 Your Signature:
(under penalty of perjury)

We, a majority of the Registrars of Voters, certify to the best of our knowledge that the signature on the reverse appears to be genuine and that we believe this applicant is a registered voter, or otherwise eligible to vote, in

_____ _____.
Ward *Precinct*

_____ _____

_____ _____

Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.

name

number and street

, *MA*

city or town *zip code*

Place
First Class
Stamp Here

City or Town Clerk or Election Commission

City or Town Hall

TOWN OF FREETOWN, MA
Town Clerk's Office
3 North Main Street
P.O. Box 438
Assonet, MA 02702

YOUR CITY OR TOWN *ZIP CODE FOR CITY OR TOWN HALL*