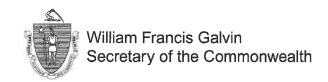
Massachusetts Official **Absentee Ballot Application**



See reverse side for instructions

Voter Information	1	Name:Legal Voting Residence:
		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)
	3	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:
		☐ Voter is a member of military on active duty or dependent family member of active duty personnel.
	L. I	☐ Voter is a Massachusetts citizen residing overseas.
	3	☐ 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 pen	alty of	perjury): Date: