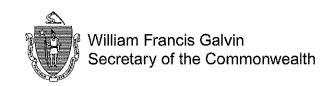
Massachusetts Official Absentee Ballot Application



See reverse side for instructions

Voter Information	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)
	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.
	☐ Voter is a Massachusetts citizen residing overseas.
	3 Uoter 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:
	\square Voter required assistance in completing application due to physical disability.
	Assisting person's name:
	Assisting person's address:
Signed (under penal	ty of perjury): Date: