

# Massachusetts Official Vote By Mail Instructions

This Vote by Mail package has been sent to you at your request. The package includes: a ballot, a yellow ballot envelope, and a white return ballot envelope.

Please read the instructions below before voting and returning your ballot.

## STEP 1: VOTE

- **Mark your ballot** according to the instructions on the ballot, preferably with black ink.  
Candidates and questions may be listed on both sides of the ballot.  
Note: If you need assistance because of disability or inability to read your ballot, you may choose any person to help you.
- **Put your ballot into the yellow ballot envelope** and seal the ballot envelope.

## STEP 2: SIGN YOUR BALLOT ENVELOPE

- **Sign the ballot envelope.** Print your name and address below your signature if it is not already included.  
Note: If you cannot sign your own name, you may choose someone to sign your name for you. That person will need to sign their own name on the bottom half of the envelope.
- **Place your signed ballot envelope** into the white return envelope and seal the return envelope.

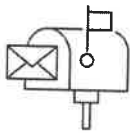
## STEP 3: RETURN YOUR BALLOT

- **Return your ballot** by mail or in person.

To **return your ballot by mail**, make sure to apply sufficient postage. While ballot package weight can vary, 2 First Class stamps is generally sufficient.

You can **return your ballot in person** to your local election office or any secured ballot drop box provided by your city/town. Visit [www.sec.state.ma.us/ele](http://www.sec.state.ma.us/ele) to find your community's ballot return locations.

Ballots must be received by the **close of polls on Election Day** in order to be counted.



The U.S. Postal Service recommends mailing your ballot **at least 1 week before Election Day.**



William Francis Galvin  
Secretary of the Commonwealth

# 2021 Vote by Mail Application



William Francis Galvin  
Secretary of the Commonwealth

## Voter Information

1

Name: \_\_\_\_\_

Address of Voter Registration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Ballot Information

2

Ballot Mailing Address: \_\_\_\_\_

Ballot Party (For Primaries ONLY): ☐ Democratic OR ☐ Republican

## Assistance (If applicable)

3

☐ Voter required assistance in completing application due to physical disability.

Assisting person's name: \_\_\_\_\_

Assisting person's address: \_\_\_\_\_

Signed (under penalty of perjury): \_\_\_\_\_ Date: \_\_\_\_\_

## Eligibility

Use this application to request to vote by mail in any election being held on or before **June 30, 2021**.

## Completing the Application

1. Voter Information – Provide your name, the address where you are registered to vote, and date of birth. Telephone and email address are optional.
2. Ballot Information – Provide the address where you want the ballot mailed. If you are applying for a special state primary ballot, choose a party ballot if you are not registered in a party (Independent).
3. Assistance – If you are assisting a voter in completing this application, complete this section.
4. Sign your name. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

## Submitting the Application

Send the completed application to the local election official at your city or town hall. Find contact information for local election officials at [www.sec.state.ma.us/ele](http://www.sec.state.ma.us/ele) or by calling 1-800-462-VOTE (8683).

Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as your signature is visible.

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to your local election official by Election Day.

Massachusetts Official  
**Absentee Ballot Application**

See reverse side for instructions



William Francis Galvin  
Secretary of the Commonwealth

**Voter  
Information**

1

Name: \_\_\_\_\_

Legal Voting Residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Ballot  
Information**

*(Independent  
voters may vote in  
a primary without  
registering with a  
party)*

2

Mail Ballot to: \_\_\_\_\_  
\_\_\_\_\_

Ballot Requested For:

☐ All elections this year

☐ All general elections (No primaries)

☐ A specific election: \_\_\_\_\_  
Date of Election

Party (only if requesting primary ballot):

State Primaries: \_\_\_\_\_

Presidential Primary: \_\_\_\_\_

**Special  
Circumstances**  
*(If applicable)*

3

☐ 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.

☐ Voter is incarcerated, but not for a felony conviction.

☐ Voter has been admitted to a healthcare facility within 7 days of 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: \_\_\_\_\_

## Eligibility

This application may be completed by...

- A registered voter; or
- A voter's family member (spouse, roommate, parent, sibling, child, aunt, uncle, niece, nephew, grandparent, grandchild, in-law).

Use this application to request an absentee ballot for...

A registered voter who will be unable to vote at the polls on Election Day due to absence from the voter's city or town during polling hours, disability, or religious beliefs.

OR

A non-registered voter who is:

- A Massachusetts citizen absent from the state;
- An active member of the armed forces or merchant marines, their spouse or dependent; or
- A person confined to a correctional facility or jail for reasons other than felony conviction.

## Completing the Application

1. Voter Information – Provide the voter's name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. Ballot Information – Provide the address where you want the ballot mailed and indicate for which election(s) you are requesting a ballot. For primaries, if the voter is not enrolled in a party, provide the desired party ballot. Applications for "all elections this year" are valid for one calendar year.
3. Special Circumstances – Check any of the listed circumstances which apply to this application, if any.
4. Sign your name. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

## Submitting the Application

Send the completed application to the local election official at the voter's city or town hall.

Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as the requester's signature is visible.

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to your local election official by Election Day.

Find contact information for local election officials at [www.sec.state.ma.us/ele](http://www.sec.state.ma.us/ele) or by calling 1-800-462-VOTE (8683).

### FOR REGISTRAR USE ONLY

We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Massachusetts Official Mail-In Voter Registration Form

## How to use this form

1. Confirm your citizenship.
2. Print your name: last name, first name, middle name or initial.
3. Print your former name, if applicable.
4. Print the address where you live now: 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. Use the map<sup>†</sup> at right if you cannot otherwise identify your address.
5. Print the address where you receive all your mail, if it is different from the address entered on #4.
6. Print your date of birth: month, day and year. If you are 16 or 17 years old, you will be pre-registered until you are old enough to vote. You will be notified by mail when you become eligible to vote.
7. Federal law requires that you provide your driver's license number to register to vote. If you do not have a current and valid Massachusetts driver's license, you must provide the last four digits of your social security number. If you have neither, you must write "none" in the box.
8. It is optional to provide your telephone number. If you include your telephone number and do not check "unlisted" it will be a public record.
9. Check a party, 'no party' or print a political designation (not a party).
10. Print the address where you were last registered to vote.
11. If a person is helping you because you are physically unable to sign this form, that assisting person must print his or her name and address and has the option to print his or her telephone number.
12. Read the oath.
13. Print today's date.
14. Sign your name.

*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.*



William Francis Galvin  
Secretary of the Commonwealth

### You can use this form to:

- register or pre-register to vote in Massachusetts; and/or
- update your name, address, and political party.

### To register or pre-register to vote in Massachusetts you must:

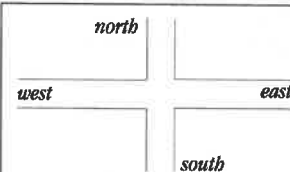
- **BE A U.S. CITIZEN;** and
- be a Massachusetts resident; and
- be at least 16 years old.

**Penalty for Illegal Registration:** Fine of not more than \$10,000 or imprisonment for not more than five years or both.

-Massachusetts General Laws, chapter 56 section 8.

### Identification To Be Provided

Section 7 requires you to include your driver's license number or the last 4 digits of your social security number on this application. This information will be verified through the Registry of Motor Vehicles and the Commissioner of Social Security. If the information cannot be verified or you do not provide this information, you must provide identification either with this application or at your polling location when you go to vote. Sufficient identification includes a copy of a current and valid photo identification, current utility bill, bank statement, government check, paycheck or other government document showing your name and address.



<sup>†</sup>Using landmarks, draw the location of the place where you live if you cannot describe that location as a number and street or as a rural route and box number.

Print all information in black ink. Follow above instructions for proper delivery.

1	<b>Check one:</b> Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NOTE:</b> If you checked "no," do not complete this form.		
2	<b>Full name:</b>	last name	first name middle name or initial Jr. Sr. II III IV (circle one if appropriate)
3	<b>Former name:</b>	last name	first name middle name or initial Jr. Sr. II III IV (circle one if appropriate)
4	<b>Address where you live now</b> (street number / street name / rural route number & box number / apartment number / city or town / zip code):		
5	<b>Address where you receive all your mail</b> (if different from #4):		
6	<b>Date of birth:</b> month day year	7 <b>Identification #:</b> license # or last 4 digits of SSN	8 <b>Telephone (optional):</b> <input type="checkbox"/> Check if unlisted
9	<b>Party enrollment or designation</b> (check one): <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party):		
10	<b>Address at which you were last registered to vote</b> (street number / street name / rural route number & box number / apartment number / city or town / zip code):		
11	If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant: name address telephone number (optional)		
12	I hereby swear (affirm) that I am the person named above, that the above information is true, that <b>I AM A CITIZEN OF THE UNITED STATES</b> , that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury.		
13	<b>Today's date:</b> month day year	14 <b>Signed:</b> Sign your name here.	