

Massachusetts **2023** Vote by Mail Application



William Francis Galvin
Secretary of the Commonwealth

Section 1- Voter Information:

Name: _____

Address of Voter Registration: _____

Ballot Mailing Address (if different): _____

Date of Birth: _____ Phone Number (optional): _____

E-mail Address (optional): _____

Section 2 - Ballot Information:

Elections:

All elections this year

A specific election (date): _____

Section 3 – Assistance

Voter required assistance in completing application due to physical disability. Assisting person's name: _____

Assisting person's address: _____

This application is being made by a family member.

Relationship to Voter: _____

 Signed (under penalty of perjury): _____ Date: _____

Completing the Application

1. Voter Information – Provide your name, the address where you are registered to vote, your ballot mailing address (if different) and date of birth.
2. Ballot Information – Choose which ballot(s) you want to receive by mail.
3. 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.

Send this completed application to:

**Board of Elections
43 S. Washington St.
North Attleborough, MA 02760**

This application must reach your local election office by 5 p.m. on the fifth business day before Election Day.