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 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.