

# Massachusetts 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): \_\_\_\_\_

Primary Ballots (choose one):

Democratic

Republican

Libertarian

No Primary Ballots

---

## 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.  
**Choose a primary ballot option if you are not registered in a party.**
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.

## Submitting the Application

Send this completed application to the local election office; Town Clerk 472 Main St, Acton, Ma 01720  
Or email [clerk@actonma.gov](mailto:clerk@actonma.gov) or drop off in the Drop Box found at the entrance to Town Hall.

## Application Deadlines

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