

Massachusetts Official Mail-In Voter Registration Form



William Francis Galvin
Secretary of the Commonwealth

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* 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.

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.

north		*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.
west	east	
	south	

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

1	Check one: Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you checked "no," do not complete this form.		
2	Full name:	<i>last name</i>	<i>first name</i> <i>middle name or initial</i>
	<i>Miss Ms. Mrs. Mr.</i>		<i>Jr. Sr. II III IV</i> <i>(circle one if appropriate)</i>
3	Former name:	<i>last name</i>	<i>first name</i> <i>middle name or initial</i>
	<i>Miss Ms. Mrs. Mr.</i>		<i>Jr. Sr. II III IV</i> <i>(circle one if appropriate)</i>
4	Address where you live now (<i>street number / street name / rural route number & box number / apartment number / city or town / zip code</i>):		
5	Address where you receive all your mail (if different from #4):		
6	Date of birth: <i>month day year</i>	7	Identification #: <i>license # or last 4 digits of SSN</i>
		8	Telephone (optional): <input type="checkbox"/> <i>Check if unlisted</i>
9	Party enrollment or designation (check one): <input type="checkbox"/> <i>Democratic</i> <input type="checkbox"/> <i>Republican</i> <input type="checkbox"/> <i>Libertarian</i> <input type="checkbox"/> <i>No Party (unenrolled)</i> <input type="checkbox"/> <i>Political Designation (not a political party)</i> :		
10	Address at which you were last registered to vote (<i>street number / street name / rural route number & box number / apartment number / city or town / zip code</i>):		
11	If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant: <i>name</i> <i>address</i> <i>telephone number (optional)</i>		
12	I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES , 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	Today's date: <i>month day year</i>	14	Signed: <i>Sign your name here.</i>

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**

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 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: _____

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

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