

# Vote By Mail Accessible Application



William Francis Galvin  
Secretary of the Commonwealth

**Section 1 - Voter Information:** Provide your name, the address where you are registered to vote, date of birth and email address.

Name \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone Number (optional): \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

**Section 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. If you want to print your marked ballot and return by mail or by hand, provide your mailing address for the local election official to send you the appropriate envelopes. If you intend to return your ballot electronically, you do not need to provide a mailing address.

**Elections:**

☐ All Elections This Year

☐ A Specific Election (specify date): \_\_\_\_\_

**Primary Ballot (choose one):**

☐ Democratic

☐ Republican

☐ Libertarian

☐ No Primary Ballots

Mailing Address \_\_\_\_\_

**Section 3 - Accommodations:** Check the appropriate boxes to request an accommodation.

☐ Voter seeks access to the Accessible Vote by Mail system because voter is unable to independently mark a paper ballot.

☐ Voter signed with a typewritten name because they cannot independently insert a hand-drawn signature.

**Section 4 - Assistance:** If you're helping someone complete this application, or you're requesting a ballot for a family member, fill out this section. If you are assisting the voter, sign the voter's name below. If you are requesting for a family member, sign your name below.

☐ 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: \_\_\_\_\_

**Submitting the Application:** Send this completed application to the local election office for your city or town. Find contact information for local election officials at [www.VoteInMA.com](http://www.VoteInMA.com) or by calling 1-800-462-VOTE (8683).

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