

Massachusetts Vote by Mail Application 2024



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:

All elections for 2024

OR

Choose specific election (select date below)

March 5, 2024- Presidential Primary

September 3, 2024 State Primary

November 5, 2024 Presidential

For all Unenrolled voters

Choose party below for Primary elections(s)

Democrat

Republican

Libertarian

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 for your city or town. Find contact information for local election officials at www.VoteInMA.com or by calling 1-800-462-VOTE (8683).

Application Deadline :

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

