

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

MAIL TO: Town Clerk, Milton Town Hall, 525 Canton Avenue, Milton, MA. 02186
OR SCAN or PHOTOGRAPH a completed application and EMAIL it to: sgalvin@townofmilton.org
by February 6th or As Soon as Possible!
Your ballot must be returned to Town Hall by 5 pm on Election Day - February 13, 2023