

# Massachusetts Official Early Ballot Application March 3, 2020 Presidential Primaries



William Francis Galvin  
Secretary of the Commonwealth

<b>1</b>	<b>Full name:</b>	<i>last name</i>	<i>first name</i>	<i>middle name or initial</i>	<i>Jr. Sr. II III IV (circle one if appropriate)</i>
<b>2</b>	<b>Address at which you are registered to vote:</b>	<i>street number / street name / rural route number and box number    apartment number    city or town</i>			<i>zip code</i>
<b>3</b>	<b>Address at which you would like to receive your ballot (if different from #2):</b>	<i>street number / street name / rural route number and box number    apartment number    city or town</i>			<i>zip code</i>
<b>4</b>	<b>Party:</b> <input type="checkbox"/> <i>Democratic</i> <input type="checkbox"/> <i>Republican</i> <input type="checkbox"/> <i>Green-Rainbow</i> <input type="checkbox"/> <i>Libertarian</i>				
<b>5</b>	<b>Date of birth:</b>	<i>month</i>	<i>day</i>	<i>year</i>	<b>6</b>
					<b>Telephone (optional):</b> <input type="checkbox"/> <i>Check if unlisted</i>
<b>7</b>	<b>E-mail Address (optional):</b>				
<b>8</b>	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>
<b>9</b>	<b>Signed:</b> <i>(under penalty of perjury)</i>	<b>10</b>			<b>Date:</b>
		<i>month</i>		<i>day</i>	<i>year</i>

## Instructions

### Eligibility

This application may be used by any registered voter in Massachusetts to request an early ballot by mail. This application may only be used for the March 3, 2020 Presidential Primaries; it is not valid for any other state primary or election.

### Voter Information

Please provide your full name and legal voting residence. You may request that your ballot be mailed to any address that is convenient for you.

### Contact Information

Providing your phone number or e-mail address will allow your local election official to contact you in case of any problems with your application or address.

### Party Information

Select the party whose Presidential Primary ballot you wish to receive.

### Assisting Person

If the applicant requires assistance in completing this form due to physical disability or inability to read English, the person assisting the voter must provide his or her information in the space provided. If the applicant is unable to sign this form, the assisting person must sign the voter's name in the space provided for the voter's signature.

### Submitting Your Form

Once the form has been completed, it may be mailed or hand-delivered to your local election official. Please allow plenty of time for your ballot to be mailed to you and returned to your local election official. All ballots mailed from within the United States must be received by your local election official no later than close of polls on Election Day.

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*Place tape here to close. Do not use staples.*

*Return to City or Town Clerk or Election Commission. Fold along dotted line and close with tape for mailing.*

\_\_\_\_\_  
*name*

\_\_\_\_\_  
*number and street*

*, MA*

\_\_\_\_\_  
*city or town*

*zip code*

Place First Class Stamp Here
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**City or Town Clerk or Election Commission**

**City or Town Hall**

**, MA**

\_\_\_\_\_  
*YOUR CITY OR TOWN*

\_\_\_\_\_  
*ZIP CODE FOR CITY OR TOWN HALL*