

Massachusetts Official
**Absentee Ballot Application
for Incarcerated Voters**



William Francis Galvin
Secretary of the Commonwealth

Section 1- Voter Information:

Name _____

Legal Voting Residence _____

Date of Birth: _____

Section 2 - Ballot Information: *(Independent voters may vote in a primary without registering with a party)*

Mailing Address _____

Ballot Requested For:

All elections this year (if yes, provide primary ballot below)

All general elections (No primaries)

A specific election (specify date): _____

Party (only if requesting primary ballot):

State Primaries: _____

Presidential Primary: _____

Section 3 - Assistance: *(If applicable)*

Voter required assistance in completing application due to physical disability

Assisting person's name: _____

Assisting person's address: _____

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

I affirm under penalty of perjury, that I am qualified to vote in Massachusetts, that the above information is true, and that I am incarcerated for a reason other than a felony conviction.

INSTRUCTIONS

Use this application to request your absentee ballot if you are incarcerated for any reason other than a felony conviction.

Eligibility

To be eligible to vote in Massachusetts, you must:

- Be at least 18 years old
- Be a U.S. Citizen
- Be a resident of Massachusetts
- Not be incarcerated for a felony conviction

Completing the Application

1. **Voter Information** – Provide your full name, date of birth, and legal voting residence. If you are registered to vote, your legal voting residence is the home where you are registered. If you are not registered to vote, your legal voting residence is the last place you lived before you were incarcerated.
2. **Ballot Information** – Provide your mailing address at the jail or correctional facility. This is where your ballot will be mailed. Also check off the elections in which you want to vote. You can request ballots for all elections this year or only check off specific elections. If you want to vote in a primary, write-in the name of the party ballot you want to receive.
3. **Special Circumstances** – If you are helping the voter complete this application, and you are signing the voter’s name because they are unable to do so due to physical disability or inability to write, you must provide your own name in this section as the assisting person. You must also sign the voter’s name in Section 4.
4. **Sign your name.**

Submitting the Application

- This application must be submitted to the local election office in the city or town of your legal voting residence.
- The application must reach your local election office no later than 5 p.m. on the 5th business day before Election Day. Due to mailing times, you should try to submit your application at least 2 weeks before Election Day.
- Contact the Voting Assistance Officer at your facility for assistance in returning the application.

FOR REGISTRAR USE ONLY

We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.

