

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

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 – Signature must be "hand written", not typed. 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 as an attachment via email to votewestfield@cityofwestfield.org, fax to 413-564-3114, mail to City Clerk's Office, 59 Court St, Westfield MA 01085 or place in WHITE drop box located outside of Westfield City Hall.

Application Deadlines

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