

2025 Municipal Election Early Ballot Application



William Francis Galvin
Secretary of the Commonwealth

Voter Information

1

Name: _____

Legal Voting Residence:

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

Ballot Information

2

Mail Ballot to: _____

Special Circumstances (If applicable)

3

Voter required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

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

Eligibility

Any registered voter may use this application to request a mail-in ballot for a local election being held in 2025.

Completing the Application

1. Voter Information – Provide your name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. Ballot Information – Provide the address where you want the ballot mailed.
3. Special Circumstances – If you are assisting a voter in completing this application, complete this section.
4. Sign your name. If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

Submitting the Application

Send the completed application to the local election official at your city or town hall.

Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as your signature is visible.

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to your local election official by Election Day.

Find contact information for local election officials at www.sec.state.ma.us/ele or by calling 1-800-462-VOTE (8683).