ABSENTEE BALLOT APPLICATION FAMILY MEMBER SUDBURY

How to use this form

Box 1. Check all the boxes that apply to you. If the absentee ballot is to be used for a primary, circle the applicable party. Remember, in order to participate in a primary, you must be registered as a member of that party or as an unenrolled (independent) voter. Contact your town clerk, city clerk or election commission if you are unsure of your party designation.
Box 2. Print your name: last name, first name, middle name or initial.
Box 3. Print the address where you are registered to vote: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city/town & full zip code.
Box 4. The ballot will be mailed to the voter. print the voter's mailing address if it is different from their legal voting address. If the voter is applying for absentee ballots for all elections this year, be sure to notify the town clerk of a change of mailing address.
Box 5. Print the voter's date of birth: month, day and year.
Box 6. It is optional to provide the voter's telephone number. Check"unlisted" if not a public record. The voter's telephone number may be used to contact the voter should a question arise concerning the application
Box 7. It is optional to provide voter's e-mail address. The e-mail may be used to contact the voter should a question arise concerning the application.Check "unlisted" if not a public record.
Box 8. your name and relationship to the voter. Be sure that you qualify as a "family member" as defined below..
Box 9. Print your address number and street name (do not provide a post office box number) apartment number, city or town and zip code.
Box 10. Print today's date
Box 11. Sign your name. Signed under penalty of perjury.

A "family member" must be:
A spouse or person residing in the same household, in-laws, father, mother, sister or brother of the whole or half blood, son, daughter, adopting parent or adopted child,stepparent or stepchild, uncle, aunt, niece, nephew, grandparent or grandchild.

This application is for use by a family member of:

A registered voter who will be unable to vote at the polls on election day due to:

(1) absence from your city or town during normal polling hours;
(2) physical disability preventing you from going to the polling place;
(3) religious belief;

A non-registered voter who is:

(1) a Massachusetts citizen absent from the state;
(2) an active member of the armed forces or merchant marines, their spouse or dependent;
(3) a person confined in a correctional facility or a jail, except if by reason of felony conviction.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to $10,000 and up to five years in prison years in prison.

This Box is for Town Staff Use Only

PRECINCT: 1 1A 2 3 4 5

ID Required? Yes No

IN PERSON? Yes No

Registered Party (if applicable):

1 This Absentee Ballot Application is being made for:

☐ Annual Town Election March 26, 2018
* ☐ State Primary Election September 4, 2018
* ☐ State Election November 6, 2018
☐ Special Election _____ (date)
☐ All 2018 Elections including Special Elections, if called

***For Primary Elections, if you are not registered in one of the Parties listed below, you must select the Party Ballot you wish to receive.**

☐ Democratic ☐ Libertarian ☐ Republican

2 Voter's Full Name: *Last Name First Name Middle name or Initial*
Miss Ms. Mrs. Mr. *Jr. Sr. II III IV*

3 Voter's Legal Voting Residence: *#, street, apt. number city or town Precinct*
(Sudbury address) _____

☐ Voter is an active duty service member *(check if applicable)*
☐ Voter is the dependent of an active duty service member *(check if applicable)*
☐ Voter is residing outside the US and the above address is last residence in the US *(if applicable, overseas address required below)*
Overseas address: _____

4 Check ONLY ONE of the following:

☐ check here to have ballot mailed to residence address provided in section 3
☐ Mail ballot to me at : *#, street, apt. number PO Box city or town state zip code* _____
☐ **Residing Overseas, State Elections only, Please email ballot** *(Must complete section 7)*

5 Voter's Date of Birth:

6 Telephone: Unlisted ☐

7 E-Mail Address: Unlisted ☐

8 Your name and relationship to Voter

Printed Name: *Relationship:*

9 Your Address: *street and number city or town zip code*

10 Today's Date: *month day year*

11 Signed under Penalty of Perjury: