ABSENTEE BALLOT APPLICATION for the TOWN OF 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. Check the appropriate box indicating your preference for obtaining your absentee ballot. Instead of having the ballot mailed to you, you have the option of voting at your city or town hall at a time arranged with the clerk or election commission. However, you must still submit a timely application. If you have entered a health care facility after twelve o'clock noon of the 5th day before the revelent primary or election, contact the city or town clerk about the proper procedure to be followed. If the voter is applying for absentee ballots for all elections this year, be sure to notify the town /city clerk or election commission of a change of mailing address.
Box 5. Print your date of birth: month, day and year.
Box 6. It is optional to provide your telephone number. Your telephone number may be used to contact you should a question arise concerning your application. Check "unlisted", if not a public record.
Box 7. It is optional to provide your e-mail address. If included, The e-mail may be used to contact you should a question arise concerning the application. Check "unlisted", if not a public record.
Box 8. Print today's date.
Box 9. Sign your name. Signed under penalty of perjury. (If assisting the voter, sign the voter's name.
Box 10. If the applicant is unable to complete and sign this application because of blindness, physical disability, the inability to read or the inability to read English, any person designated by the voter may do so.

This application is for use by:

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

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

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 30, 2020
- * ☐ State Primary Election September 1, 2020
- ☐ State Election November 3, 2020
- ☐ Special Election _____ (date)
- * ☐ All 2020 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 ☐ Green-Rainbow

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

3 Your legal voting residence: *#, street, apt. number* *city or town* *Precinct (if known)*
(Sudbury address) _____

☐ I am an active duty service member *(if applicable)*
☐ I am the dependent of an active duty service member *(if applicable)*
☐ I am residing outside the US and the above address is my 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
#, street, apt. number *PO Box* *city or town* *state* *zip code*
☐ Mail ballot to me at : _____
☐ I would like to vote today in the Office of the Town Clerk
☐ I have been admitted to _____, a hospital or other health care facility after 12 noon on the 5th day before the election and I request that my absentee ballot be delivered to me by: _____
☐ **Residing Overseas State Elections only, Please email my ballot** *(Must complete section 7)*

5 Date of Birth:

6 Telephone: Unlisted ☐

7 E-Mail Address: Unlisted ☐

8 Today's Date: *month* *day* *year*

9 Signed under Penalty of Perjury:

10 ONLY TO BE COMPLETED BY ANY PERSON ASSISTING APPLICANT

I assisted in completing this application since the applicant was uanble to do so because: _____ (reason)
Printed Name: _____
Address:_____ City or Town:_____ Zip: _____
Signed under Penalty of Perjury: _____