

# APPLICATION INSTRUCTIONS - MASSACHUSETTS

## Who Can Use This Application

If you are a U.S. citizen who lives or has an address within the United States, you can use this application to:

- Register to vote in your State,
- Report a change of name to your registration office,
- Report a change of address to your registration office, or
- Register with a political party.

Please do **not** use this application if you live outside the territorial United States and its territories and have no home (legal) address in this country, *or* if you are in the military stationed away from home. Use the Federal Postcard Application available to you from military bases, American embassies, or consular offices.

## When to Register to Vote

To register in time to vote in any upcoming election, your application must be postmarked (or delivered to your *local voter registration office*) by the deadline listed below:

**Massachusetts - 20 days before the election.**

## Box 1 – Name

Put in this box your full name in this order – Last, First, Middle. Do not use nicknames or initials.

*Note:* If this application is for a change of name, please tell us in **Box A** (*on the bottom half of the form*) your full name before you changed it.

## Box 2 – Home Address

Put in this box your home address (legal address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number.

*Note:* If you were registered before *but* this is the first time you are registering from the address in Box 2, please tell us in **Box B** (*on the bottom half of the form*) the address where you were registered before. Please give us as much of the address as you can remember.

*Also Note:* If you live in a rural area but do not have a street address, or if you have no address, please show us where you live using the map in **Box C** (*at the bottom of the form*).

## Box 3 – Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box.

*Note:* If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

## Box 4 – Date of Birth

Put in this box your date of Birth in this order – Month, Day, Year. *Be careful not to use today's date!*

## Box 5 – Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in the box.

## Box 6 – ID Number

Leave Blank

## Box 7 – Choice of Party

If you do not designate a party of political designation in this box, you will be registered as unenrolled. Unenrolled voters may participate in party primaries. However, an unenrolled voter must enroll in a party on the day of the Presidential Preference Primary in order to participate in that primary.

## Box 8 – Race or Ethnic Group

Leave Blank

## Box 9 – Signature

To register in Massachusetts you must:

- be a citizen of the United States
- be a resident of Massachusetts
- be 18 years old on or before the next election
- not have been convicted of corrupt practices with respect to elections
- not be under guardianship with respect to voting

## Box 10 – Name of Assistant

If the applicant is unable to sign, put in this box the name, address, and telephone number (optional) of the person who helped the applicant.

Deliver the completed and signed application form in person to your local voter registration office, or mail it to:

Secretary of State  
Elections Division, Room 1705  
One Ashburton Place  
Boston, MA 02108

# Voter Registration Application

For U.S. Citizens

<b>You can use this form to:</b> <input type="checkbox"/> register to vote <input type="checkbox"/> report that your name or address has changed <input type="checkbox"/> register with a party  <b>Please print in blue or black ink</b>			This space for office use only.				
<b>1</b>	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV		
<b>2</b>	Address (see instructions)— Street (or route and box number)		Apt. or Lot #	City/Town	State	Zip Code	
<b>3</b>	Address Where You Get Your Mail If Different From Above (see instructions)			City/Town	State	Zip Code	
<b>4</b>	Date of Birth	/	/	<b>5</b>	Telephone Number (optional)	<b>6</b>	ID Number (see item 6 in the instructions for your State)
		Month	Day	Year			
<b>7</b>	Choice of Party (see item 7 in the instructions for your State)				<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)	
<b>9</b>	I swear/affirm that: <input type="checkbox"/> I am a United States citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. (See item 9 in the instructions for your state before you sign.) <input type="checkbox"/> The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.				Please sign full name (or put mark) ↓ <div style="border: 1px solid black; height: 60px; width: 100%; margin: 5px 0;"></div>		
		Date:		/		/	
		Month	Day	Year			
<b>10</b>	If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).						

Fold here

## Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

<b>A</b>	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
----------	----------------------------	-----------	------------	----------------	---------------------------------

If you were **registered before** but this is the first time you are registering from the address in **Box 2**, what was your address where you were registered before?

<b>B</b>	Street (or route and box number)	Apt. or Lot #	City/Town	State	Zip Code
----------	----------------------------------	---------------	-----------	-------	----------

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<b>C</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Write in the names of the crossroads (or streets) nearest to where you live.</li> <li><input type="checkbox"/> Draw an <b>X</b> to show where you live.</li> <li><input type="checkbox"/> Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	NORTH ↑			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Example</td> <td style="width: 5%; text-align: center; vertical-align: middle;">Route #2</td> <td style="width: 75%; padding: 5px;"> <div style="text-align: center;"> </div> </td> </tr> </table>			Example	Route #2	<div style="text-align: center;"> </div>
Example	Route #2	<div style="text-align: center;"> </div>			

### To Mail:

1. Address the back of this application (see address under your state).
2. Remove plastic strip below.
3. Fold form at middle and seal at top.
4. Put on a first-class stamp and mail.