

INSTRUCTIONS FOR REGISTERING TO VOTE IN MASSACHUSETTS

How To Complete the Voter Registration Form

Below please find the instructions for completing the application if registering to vote in Massachusetts. The Voter Registration Form requires certain information to be provided. Print all information on the form in black ink.

1. **Name.** Print your name: last name, first name, middle name or initial.
 2. **Home Address.** Print the address where you live now: number and street name or rural route number and box number (do *not* provide a post office box number), apartment number, city or town and full zip code.
 3. **Mailing Address.** Print the address where you receive all your mail, if it is different from the address entered on #2.
 4. **Date of Birth.** Print your date of birth: month, day, and year.
 5. **Telephone Number.** It is optional to provide your telephone number. If you include your telephone number it will be a public record.
 6. **ID Number.** : Federal law requires that you provide your driver's license number to register to vote. If you do not have a current and valid Massachusetts' s driver's license, you must provide the last four digits of your social security number. If you have neither, you must write "none" in the box.
 7. **Choice of Party.** Print the name of the political party (Democratic, Republican, Libertarian, Green-Rainbow), 'no party' (unenrolled) or political designation (not a political party).
 8. **Race or Ethnic Group.** Leave blank.
 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
 - Not be currently incarcerated for a felony conviction
 - Consider this residence to be my home
- A. Print your former name, if applicable.
- B. Print the address where you were last registered to vote.
- C. Using landmarks, draw the location of the place where you live if you cannot describe that location as a number and street or as a rural route and box number.
- Write in the names of the crossroads (or streets) nearest to where you live.
 - Draw an **X** to show where you live.
 - Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.
- D. If a person is assisting you because you are physically unable to sign this form, that assisting person *must* print his or her name and address and has the *option* to print his or her telephone number.

After Completing the Form

Mail your completed application to the city or town in which you are registering to vote.

A listing of city and town addresses can be found at:

<http://www.sec.state.ma.us/ele/eleclk/clkidx.htm>

Instructions and mailing addresses for registering to vote for other states using the National Voter Registration Form are available at:

<http://www.fec.gov/votregis/vr.htm>

Any questions, call 1-800-462-VOTE (8683).

Facts You Should Know Before Registering to Vote

In order to register to vote you must be:

- 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
- Not be currently incarcerated for a felony conviction

Deadlines for Registering to Vote

In order to vote in an election, you must be registered at least twenty (20) days before any primary or election. For a mail-in form, it must be hand-delivered or postmarked at least twenty (20) days before the primary or election. In order to participate in a town meeting, you must be registered at least twenty (20) days before a town meeting and at least ten (10) days before a special town meeting.

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.				
1	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV	
2	Home Address		Apt. or Lot #	City/Town	State	Zip Code
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code
4	Date of Birth ____ / ____ / ____ Month Day Year		5	Telephone Number (optional)		6 ID Number - (See Item 6 in the instructions for your state)
7	Choice of Party (see item 7 in the instructions for your State)		8	Race or Ethnic Group (see item 8 in the instructions for your State)		
9	I have reviewed my state's instructions and 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. <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.			<div style="border: 1px solid black; height: 60px; width: 100%;"></div> Please sign full name (or put mark) ▲ Date: / / Month Day Year		

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

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?

A	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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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	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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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.

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

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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Mail this application to the address provided for your State.

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1	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
2	Home Address		Apt. or Lot #	City/Town	State
3	Address Where You Get Your Mail If Different From Above			City/Town	State
4	Date of Birth ____/____/____ Month Day Year		5	Telephone Number (optional)	6
7	Choice of Party <small>(see item 7 in the instructions for your State)</small>		8	Race or Ethnic Group <small>(see item 8 in the instructions for your State)</small>	ID Number - (See Item 6 in the instructions for your state)
9	I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ 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) ▲ _____ Date: _____ Month Day Year

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