

MAIL THIS FORM BY

# WEDNESDAY, OCTOBER 19TH

To register to vote in **Massachusetts**

- 1) Print
- 2) Fill out form
- 3) Mail\*

\*no envelope needed, just fold in half, tape, and stamp

**vote**mate

let's vote together

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

**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.

Only for change of name/address

**Mail this application to the address provided for your State.**

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

**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.

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

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?

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.

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

**Mail this application to the address provided for your State.**

# FOR OFFICIAL USE ONLY

FIRST CLASS  
STAMP  
NECESSARY  
FOR  
MAILING



**Secretary of the Commonwealth**

**Elections Division, Room 1705**

**One Ashburton Place**

**Boston, MA 02108**