

# 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 <b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)		This space for office use only.				
<b>1</b>	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV	
<b>2</b>	Home Address		Apt. or Lot #	City/Town	State	Zip Code
<b>3</b>	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code
<b>4</b>	Date of Birth ____ / ____ / ____ Month Day Year		<b>5</b>	Telephone Number (optional)		<b>6</b> ID Number - (See Item 6 in the instructions for your state)
<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 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: <span style="border: 1px solid black; padding: 2px 10px;">  /  /  </span> 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?

<b>A</b>	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>B</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.

<b>C</b>	<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an <b>X</b> to show where you live.</li> <li>■ 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="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Example</td> <td style="padding: 5px; text-align: center;">Route #2</td> <td style="padding: 5px; text-align: center;">● Grocery Store</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;">Woodchuck Road</td> </tr> <tr> <td style="padding: 5px; text-align: center;">Public School ●</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">X</td> </tr> </table>	Example	Route #2	● Grocery Store	Woodchuck Road			Public School ●		X		
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Woodchuck Road												
Public School ●		X										

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

<b>D</b>	
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Mail this application to the address provided for your State.

# Massachusetts

Updated: 9-28-06

**Registration Deadline** — 20 days  
before the election.

**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' driver's license then you must provide the last four (4) digits of your social security number. If you have neither, you must write "NONE" in the box and a unique identifying number will be assigned to you. You may be asked to provide acceptable ID.

**7. Choice of Party.** If you do not designate a party or political designation in this box, you will be registered as unenrolled. Unenrolled voters may participate in party primaries.

**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 in respect to elections
- not be under guardianship with respect to voting
- not be currently incarcerated for a felony conviction

**Mailing address:**

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

Or locally:

Town Clerk  
29 Center Street  
Burlington, MA 01803