Town of Norton Official Absentee Ballot Application

2016

to use this form

- I. Check all the boxes that apply to you. If the absentee ballot is to be ed for a primary, circle the applicable party. Remember, in order to rticipate in a primary, you must be registered as a member of that party as an unenrolled (independent) voter. Contact your town clerk, city clerk election commission if you are unsure of your party designation.
- L. Print your name: last name, first name, middle name or initial.
- **I.** Print the address where you are registered to vote: number and street me or rural route number and box number (do not provide a post office x number), apartment number, city/town & full zip code.
- I. Check the appropriate box indicating your preference for obtaining ur absentee ballot. Instead of having the ballot mailed to you, you have poption of voting at your city or town hall at a time arranged with the rk or election commission. However, you must still submit a timely plication. If you have entered a health care facility after twelve o'clock on of the 5th day before the revelent primary or election, contact the y or town clerk about the proper procedure to be followed. If the voter is plying for absentee ballots for all elections this year, be sure to notify the vn /city clerk or election commission of a change of mailing address.

 i. Print your date of birth: month, day and year.
- i. It is optional to provide your telephone number. If included, unless u indicated "unlisted" it will be a public record. Your telephone mber may be used to contact you should a question arise concerning our application
- '. It is optional to provide your e-mail address. If included, it will be a blic record. Your e-mail may be used to contact you should a estion arise concerning your application.
- I. Print today's date.
-). Sign your name. Signed under penalty of perjury.
- 0. If the applicant is unable to complete and sign this application

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

Mailing instructions:

This application must be **received by noon** on the day before the election. This form may be mailed or hand-delivered to your city or town hall. If mailed, place in stamped envelope and mail to:

> Town Clerk's Office 70 East Main Street

	o to complete and of	gir tino apphoation							
This Absentee Ball	ot Application	is being made	for:						
All elections this year: For a PRIMARY - If you are not enrolled in a party please indicate ballot party type:									
		☐ Democratic	Green-	Rainbow	United In	dependent	Repub	olican	
An election:	n election: Presidential Primary 3/1/2016 (select party above)								
	Annual	Town Election	4/26/2016					ļ	
	State Pr	imary	9/8/2016	select part	ty above)				
	State El	ection	11/8/2016						
Full Name:	Last Name	Last Name First Name			Middle name or Initial				
Miss Ms. Mrs. Mr.							Jr. Sr. II III IV		
Your legal voting residence: #, street, apt. number			nber	city or town		Precinct			
						1	2 3 4	5	
■I am living outsic	le the US and the	above address	is my last resider	nce in the U	S (qualify for electr	onic ballot, con	nplete Sec 7)		
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									
_	•			other heal	th care facility a	ftor 12 noor	on the 5th		
☐ 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:									
Date of Birth:	onth day year	6 Telep	hone: (optiona	^{nl)} 7	E-Mail Addres	Address: (optional)			
Today's Date: m	onth day	year 9	Signed under	r Penalty of Perjury:					
	ONLY .	TO BE COMPLE	TED BY ANY PE	RSON ASS	ISTING APPLICA	NT			
I assisted in completing this application since the applicant was uanble to do so because:									
Printed Name:							(reason)		
Address:			City/ To	own:		Zip:			
Signed under Pena	Ity of Perjury:								