

2023

City Clerk's Office
140 Main Street
Marlborough, MA 01752

1	This Absentee Ballot Application is being made for: (Check all elections that you wish to receive a ballot for)									
	<input type="checkbox"/> 10/10/23 Municipal Preliminary (IF NECESSARY)									
	<input type="checkbox"/> 11/07/23 Municipal Election									
	<input type="checkbox"/> ALL Elections for 2023									
2	Full Name: Last Name First Name Middle name or Initial Miss Ms. Mrs. Mr. Jr. Sr. II III IV									
3	Voter's legal voting residence: #, street, apt. number city or town Ward/Precinct									
	<input type="checkbox"/> I am an active duty service member/dependent family member outside Massachusetts <input type="checkbox"/> I am living outside the U.S. and the above address is my last residence in the U.S. (qualify for electronic ballot, complete Sec 7)									
4	Check ONLY ONE of the following: <input type="checkbox"/> Mail ballot to me at: #, street, apt. number p.o. box city or town state zip code (If different than #3)									
	<input type="checkbox"/> I would like to vote today in the Office of the City Clerk. <input type="checkbox"/> I have been admitted to _____, a hospital or other health care facility after 12 noon on the 7th day before the election and I request that my absentee ballot be delivered to me by: _____									
5	Date of Birth: month day year			6	Telephone: (optional)			7	E-Mail Address: (optional)	
8	Today's Date: month day year			9	Signed under Penalty of Perjury:					
10	ONLY TO BE COMPLETED BY ANY PERSON ASSISTING APPLICANT									
	I assisted in completing this application since the applicant was unable to do so because: _____ Printed Name: _____ (reason)									
	Address: _____ City/ Town: _____ Zip: _____									
	Signed under Penalty of Perjury: _____									