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|  <p style="text-align: center;">Massachusetts Department of Correction POLICY</p> | Effective Date <p style="text-align: center;">10/2/2024</p> | Responsible Division <p style="text-align: center;">Deputy Commissioner, Clinical Services & Reentry</p> |
| | Annual Review Date <p style="text-align: center;">10/2/2024</p> | |
| Policy Name <p style="text-align: center;">103 DOC 467 ABSENTEE/EARLY VOTING BY INCARCERATED INDIVIDUALS AND CIVIL COMMITMENTS</p> | M.G.L. Reference: M.G.L. c.50, §1; M.G.L. c.51, §1; M.G.L. c.54, §§ 25C, 78, 78A,86, 89, 91, 91A, 98 and 140, 151. | |
| | DOC Policy Reference: | |
| | ACA/PREA Standards: | |
| <p style="text-align: center;">Attachments</p> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <p style="text-align: center;">Library</p> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Applicability: Staff/Incarcerated Individuals/Civil Commitments |
| <p style="text-align: center;">Public Access</p> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Location: Department Central Policy File Each Institution's Policy File | |
| <p>PURPOSE: To establish Department of Correction (Department) procedures regarding incarcerated individual and civil commitment absentee/early voting.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner, Reentry Director, Central Records Division Superintendents</p> <p>CANCELLATION: 103 DOC 467 cancels all Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding incarcerated individual and civil commitment voting procedures which are inconsistent with this document.</p> <p>SEVERABILITY CLAUSE: If any article, section, subsection, sentence, clause, or phrase of 103 DOC 467 is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of this policy.</p> | | |

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467.01

GENERAL STATEMENT

This policy establishes procedures by which qualified incarcerated individual or civil commitment voters may obtain voting information, to include information on registering and/or voting in applicable statewide elections. Each Superintendent shall appoint a Voting Assistance Officer to oversee the voting process.

467.02

DEFINITIONS

Applicable Statewide Election: A presidential or regular state primary or biennial state election or a primary or election held pursuant to M.G.L. Chapter 54 § 140 to fill a vacancy for senator in congress.

Civil Commitment: For purposes of this policy, the term Civil Commitment shall mean any person admitted for evaluation or civil commitment to the Bridgewater State Hospital (BSH), any Massachusetts Treatment Center (MTC) resident who is not serving a criminal sentence, and any person civilly committed to the Massachusetts Alcohol and Substance Abuse Center at Plymouth (MASAC @ Plymouth).

Incarcerated Individual: A committed offender or such other person as is placed in custody in a correctional facility in accordance with law.

Qualified Incarcerated Individual or Civil Commitment Voters: Effective November 27, 2001, statutory voting qualifications were amended to exclude currently incarcerated felons from voting in both state and federal elections. As a result, incarcerated individuals and/or civil commitments who were qualified to vote prior to that date may now be ineligible to vote. Individuals will most frequently fall into one (1) of the four (4) categories listed below. Individuals who do not fall within one (1) of the categories below should contact the Massachusetts Election Division for more information concerning their eligibility.

1. Currently Incarcerated Felon: If an incarcerated individual is currently incarcerated within the Department and serving a felony sentence, that incarcerated individual is not eligible to vote.
2. Awaiting Trial: If an incarcerated individual or civil commitment is awaiting trial in the custody of the Department, that incarcerated individual or civil commitment may be eligible to vote as long as they are not concurrently serving a felony sentence.
3. Civil Commitment: If an individual is civilly committed to Bridgewater State Hospital, Massachusetts Correctional Institution at Framingham, Massachusetts Alcohol and Substance Abuse Center at Plymouth, or the Massachusetts Treatment Center, that incarcerated individual or civil

commitment may be eligible to vote as long as they are not concurrently serving a felony sentence.

4. Out of State/Federal: If an incarcerated individual or civil commitment currently incarcerated within the Department has previously registered to vote in a state other than Massachusetts, they should contact that state and inquire as to voting eligibility.

Voting Assistance Officer: A Department employee of supervisory rank who is responsible to facilitate and oversee the voting process outlined in this policy, to include dissemination of voting materials, addressing any complaints related to the voting process, and to the best of their ability track the number of incarcerated individuals or civil commitments who sought to vote, as well as the outcome of their request.

467.03

PROCEDURES FOR REGISTERING TO VOTE

- A. The Department shall make available voter registration forms as provided by the Secretary of State's Office. These shall be available in the institution library, as well as by request to the Voting Assistance Officer.
- B. The Department shall provide the Qualified Incarcerated Individual and Civil Commitment Voters with access to an area and writing implements to properly complete the registration and application forms.
- C. The Voting Assistance Officer will aid in the registration process by providing records to the Qualified Incarcerated Individual or Civil Commitment Voter that may serve as proof of residence for the purpose of voter registration or provide a voter with their last known address, such as incarcerated individual or civil commitment forms, arrest records, or other forms in the possession of the institution. Please note that when registering to vote, the Qualified Incarcerated Individual or Civil Commitment Voter should list their last address or the address where they plan to live after their incarceration, and not the Department institution address.
- D. Qualified Incarcerated Individual or Civil Commitment Voters are not required to have previously registered and may instead request an absentee ballot as described in 103 DOC 467.04.
- E. If a Qualified Incarcerated Individual or Civil Commitment Voter wishes to register to vote, they may do so as follows:
 1. By writing to the appropriate city or town clerk or election commission and requesting a voter registration application. Once obtained, the application must be completed and mailed to the city

or town in which the incarcerated individual or civil commitment is registering to vote; or

2. Requesting and completing a National Voter Registration Form pursuant to the Massachusetts Instructions and mailing to the city or town in which the incarcerated individual or civil commitment is registering to vote (Attachment #1). These forms will be made available in the institution library, as well as by request to the Voting Assistance Officer.
- F. There may be a deadline by which a voter registration application must be received for an incarcerated individual or civil commitment to vote in an upcoming election. Accordingly, incarcerated individuals or civil commitments should register to vote well in advance of an upcoming election.
- G. The Voting Assistance Officer shall facilitate, upon the Qualified Incarcerated Individual or Civil Commitment Voter's request, mailing of completed voter registration forms, to include providing postage when applicable.
- H. Qualified incarcerated individuals or civil commitments who register to vote and who expect to be incarcerated during an upcoming election must also apply for an absentee ballot for that election. Registration by itself will not cause an absentee ballot to be mailed to the institution.

467.04

PROCEDURES FOR REQUESTING ABSENTEE/EARLY VOTING BALLOTS

- A. Qualified Incarcerated Individual or Civil Commitment Voters do not have to be previously registered to request an absentee/early voting ballot.
- B. If a Qualified Incarcerated Individual or Civil Commitment Voter wishes to request an absentee/early voting ballot, they may do so as follows:
1. The Department shall make available absentee/early voting ballot forms as provided by the Secretary of State's Office. These forms shall be available in the institution library, as well as by request to the Voting Assistance Officer.
 2. By completing an Absentee/Early Voting Ballot Application and mailing it to the appropriate city or town clerk or election commission (Attachment #2); or
 3. By having a family member complete an Absentee/Early Voting Ballot Application by a Family Member and mailing it to the

appropriate city or town clerk or election commission (Attachment #3); or

4. By writing a letter to the appropriate city or town clerk or election commission and providing the following information:
 - a. Full name;
 - b. Address as registered (if previously registered);
 - c. Ward and precinct, if known;
 - d. Institution address where the incarcerated individual or civil commitment wishes the absentee/early voting ballot to be sent;
 - e. In a primary election, the party ballot the incarcerated individual or civil commitment wants (Republican, Democrat or Independent); and
 - f. The incarcerated individual's or civil commitment's signature.
- C. As an incarcerated individual or civil commitment absentee/early voter, it is necessary to request a ballot for each primary or election in which the incarcerated individual or civil commitment wishes to vote. Ballots will not be sent automatically.
- D. Illegal absentee/early voting, including making a false application, is punishable by a fine of up to \$10,000 and up to five (5) years in prison.

467.05

PROCEDURE FOR COMPLETION OF ABSENTEE/EARLY VOTING BALLOTS

- A. Incarcerated individuals and civil commitments should carefully read all enclosed instructions prior to completing the absentee/early voting ballot.
- B. Prior to mailing the completed ballot back to the town or city clerk or election commission, incarcerated individuals and civil commitments are responsible for reviewing their ballots to ensure that they are completely and correctly filled out and that they are signed in the appropriate spaces.
- C. Incarcerated individuals and civil commitments are responsible for completing their absentee/early voting ballots early enough to permit the ballot to arrive by mail before the close of the polls on Election Day or the ballot will not be tallied.
- D. Absentee/early voting ballots must be received before the close of the polls on Election Day. Accordingly, incarcerated individuals or civil commitments are responsible for submitting their applications for absentee/early voting ballots well in advance of an upcoming election to ensure that they receive the ballot in a timely manner.

- E. The Voting Assistance Officer shall facilitate, upon the Qualified Incarcerated Individual or Civil Commitment Voter's request, mailing of completed absentee/early voting ballot forms, to include providing postage when applicable.

467.06

ASSISTANCE FOR INCARCERATED INDIVIDUALS OR CIVIL COMMITMENTS WITH SPECIAL NEEDS OR LANGUAGE BARRIERS

Any incarcerated individual or civil commitment who is unable to complete and sign their ballot because of blindness, physical disability, inability to read, or to read in the English language, may seek assistance in marking their ballot. The helper must print their name and the incarcerated individual's or civil commitment's name on the envelope, write the reason(s) the incarcerated individual or civil commitment needed help, and then sign their name as the assisting person.

467.07

DISSEMINATION OF VOTING INFORMATION

- A. The Superintendent/designee(s) shall make reasonable efforts to provide incarcerated individuals and civil commitments with changes in the voting procedure or policies. These steps shall include, but not be limited to:
 - 1. Posting of memoranda;
 - 2. Providing current information and forms in the institution library;
 - 3. Providing this policy in tape format for incarcerated individuals or civil commitments who are sight impaired or unable to read.
 - 4. Providing this policy in English and in Spanish and providing Spanish language forms where available.
- B. No later than forty-five (45) days prior to a state or federal election, the institution shall display or distribute any informational posters or packets provided by the Secretary of State's office. These shall be displayed and/or distributed through the conclusion of the election.
- C. Prior to an incarcerated individual's or civil commitment's final release, the institution shall provide, in writing, a document provided by the Secretary of State's Office explaining:
 - 1. The voting rights of a person who is incarcerated in a correctional institution upon discharge from a correctional institution.
 - 2. Instructions for the person to register to vote following discharge from the institution.

3. Provide a voter registration form, with a postage guaranteed envelope, and assistance, if requested, to complete such form. The postage guaranteed envelopes will be maintained and provided by the Institutional Treasurer.
- D. The city or town clerk or election commission may upon receipt of an absentee/early voting ballot stamped on the outside envelope with language indicating that the ballot has been mailed from a correctional institution contact the Department's Central Records Division at 774-295-6205, Monday through Friday, 8:00 a.m. to 5:00 p.m., to ascertain whether the incarcerated individual or civil commitment is a currently incarcerated felon on Election Day.
- E. Problems and Questions: Further information may be obtained from either:
1. The appropriate city or town clerk or election commission; or
 2. Secretary of the Commonwealth
Elections Division
McCormack Building, Room 1705
One Ashburton Place
Boston, MA 02108
Telephone: 1-800-462-8683

467.08

DUTIES OF THE VOTING ASSISTANCE OFFICER

- A. Distribute and/or post the voting information outlined in 103 DOC 467.07.
- B. Ensure that voter registration forms, as well as absentee/early voting forms are available both in the institution library as well as at the request of an incarcerated individual or civil commitment.
- C. Aid in the registration process, as outlined in 103 DOC 467.03, as well as facilitate the timely mailing of voter registration, and absentee/early voting forms. Voting forms shall not be opened or inspected unless there is documented reasonable suspicion of prohibited activity.
- D. Track any complaints related to voting.
- E. Track the number of incarcerated individuals or civil commitments, through the list generated per 103 DOC 467.09 (B) (1-4), who:
1. Applied for an absentee/early voting ballot
 2. Received an absentee/early voting ballot

3. Returned an absentee/early voting ballot

467.09

DEPARTMENT RECORD KEEPING

- A. No later than fourteen (14) days before an applicable statewide election, the Department shall file a written report with the Secretary of State's Office, on the form prescribed by the Secretary of State's Office, detailing the actions taken by the Department to comply with the state voting laws.
- B. For each applicable statewide election, following the close of registration but no later than the day of the election, the Department shall provide to the Secretary of State's Office:
 1. A list containing information about persons who were newly incarcerated, broken down by institution, due to a felony conviction since the time of the last reporting.
 2. A list containing information about persons who were incarcerated in each institution due to a felony conviction but were discharged since the time of the last reporting.
 3. A list containing information about persons in the institution who are detained pre-trial, convicted of a misdemeanor, civilly committed to the Massachusetts Treatment Center, or committed to the Bridgewater State Hospital or the Massachusetts Alcohol and Substance Abuse Center at Plymouth.
 4. Each of these lists shall include:
 - a. Name;
 - b. Date of Birth;
 - c. Last four (4) digits of the social security number or driver's license number;
 - d. Address on file, including street, city or town, and state;
 - e. The name and address of the institution where the person is detained.

Massachusetts Official Mail-In
Voter Registration Form



William Francis Galvin
Secretary of the Commonwealth

How to use this form

1. Confirm your citizenship.
2. Print your name: last name, first name, middle name or initial.
3. Print your former name, if applicable.
4. 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. Use the map[†] at right if you cannot otherwise identify your address.
5. Print the address where you receive all your mail, if it is different from the address entered on #4.
6. Print your date of birth: month, day and year. If you are 16 or 17 years old, you will be pre-registered until you are old enough to vote. You will be notified by mail when you become eligible to vote.
7. 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, you must provide the last four digits of your social security number. If you have neither, you must write "none" in the box.
8. It is optional to provide your telephone number. If you include your telephone number and do not check "unlisted" it will be a public record.
9. Check a party, 'no party' or print a political designation (not a party)
10. Print the address where you were last registered to vote.
11. If a person is helping you because you are physically unable to sign this form, that assisting person must print their name and address and has the option to print their telephone number.
12. Read the oath.
13. Print today's date.
14. Sign your name.

This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox.

You can use this form to:

- register or pre-register to vote in Massachusetts; and/or
- update your name, address, and political party.

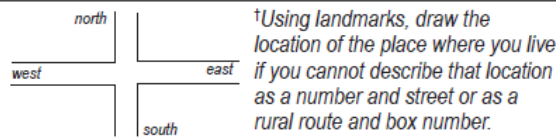
To register or pre-register to vote in Massachusetts you must:

- **BE A U.S. CITIZEN;** and
- be a Massachusetts resident; and
- be at least 16 years old.

Penalty for Illegal Registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both.
-Massachusetts General Laws, chapter 56 section 8.

Identification To Be Provided

Section 7 requires you to include your driver's license number or the last 4 digits of your social security number on this application. This information will be verified through the Registry of Motor Vehicles and the Commissioner of Social Security. If the information cannot be verified or you do not provide this information, you must provide identification either with this application or at your polling location when you go to vote. Sufficient identification includes a copy of a current and valid photo identification, current utility bill, bank statement, government check, paycheck or other government document showing your name and address.



Print all information in black ink. Follow above instructions for proper delivery.

| | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1 | Check one: Are you a Citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: If you checked "no," do not complete this form. | | |
| 2 | Full name: | last name | first name middle name or initial <small>Jr. Sr. II III IV (circle one if appropriate)</small> |
| 3 | Former name: | last name | first name middle name or initial <small>Jr. Sr. II III IV (circle one if appropriate)</small> |
| 4 | Address where you live now (street number / street name / rural route number & box number / apartment number / city or town / zip code): | | |
| 5 | Address where you receive all your mail (if different from #4): | | |
| 6 | Date of birth: month day year | 7 Identification #: license # or last 4 digits of SSN | 8 Telephone (optional): <input type="checkbox"/> Check if unlisted |
| 9 | Party enrollment or designation (check one): <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> No Party (unenrolled) <input type="checkbox"/> Political Designation (not a political party): | | |
| 10 | Address at which you were last registered to vote (street number / street name / rural route number & box number / apartment number / city or town / zip code): | | |
| 11 | If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant: <small>name address telephone number (optional)</small> | | |
| 12 | I hereby swear (affirm) that I am the person named above, that the above information is true, that I AM A CITIZEN OF THE UNITED STATES , that I am at least 16 years old and I understand that I must be 18 years old to be eligible to vote, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections, that I am not currently incarcerated for a felony conviction, and that I consider this residence to be my home. Signed under the penalty of perjury. | | |
| 13 | Today's date: month day year | 14 Signed: Sign your name here. | |

Rev. 12/22

Place tape here to close. Do not use staples.

Check to make sure that you have completed all the information on the voter registration affidavit on the opposite side!

This form must be received by the local Board of Registrars or Election Commission or postmarked on or before the deadline for voter registration (listed below) for that election, primary, preliminary or town meeting.

DEADLINES FOR VOTER REGISTRATION

| To participate in... | You must register... |
|-----------------------------------|-------------------------|
| state primaries | at least 10 days before |
| state elections | |
| city and town preliminaries | |
| city and town elections | |
| regularly scheduled town meetings | |
| special town meetings | |

If you do not hear from your local election officials in 2 or 3 weeks, please call them!

Fold along dotted line.

YOUR CITY OR TOWN
 ZIP CODE FOR CITY OR TOWN HALL
 MA
 City or Town Hall
 Board of Registrars or Election Commission

Place
 First Class
 Stamp Here



Return Address
 name
 number and street
 MA
 zip code
 city or town

Formulario oficial de inscripción de votante por correo de Massachusetts



William Francis Galvin
Secretario de Estado

Cómo usar este formulario

1. Confirme su ciudadanía.
2. Escriba su nombre: apellido, nombre, segundo nombre o inicial.
3. Escriba su nombre anterior, si corresponde.
4. Escriba el domicilio donde vive actualmente: número y nombre de la calle o número de ruta rural y número de buzón (no proporcione un número de apartado postal), número de apartamento, ciudad o pueblo y código postal completo. Si no puede identificar su domicilio use el mapa de la derecha.
5. Escriba la dirección donde recibe toda su correspondencia, si no fuera la misma que la que escribió en el punto 4.
6. Escriba su fecha de nacimiento: mes, día y año. Si tiene 16 o 17 años de edad, usted será preinscrito hasta que tenga la edad suficiente para votar. Se le notificará por correo cuándo sea elegible para votar.
7. La ley federal exige que proporcione su número de licencia de conducir para inscribirse para votar. Si no tiene una licencia de conducir vigente y válida de Massachusetts, tiene que proporcionar las últimas cuatro cifras de su número del Seguro Social. Si no tiene ninguno de estos dos documentos de identidad, escriba "none" en la casilla.
8. En forma optativa, puede proporcionar su número de teléfono. Si proporciona su número de teléfono y no marca la casilla "no está listado", quedará como registro público.
9. Marque un partido político, 'sin afiliación' o escriba una designación política (no un partido).
10. Escriba el domicilio donde se inscribió para votar por última vez.
11. Si hay una persona que lo está ayudando porque usted no puede firmar físicamente el formulario, dicha persona tiene que escribir su nombre y dirección, y puede también proporcionar su número de teléfono.
12. Lea el juramento.
13. Escriba la fecha de hoy.
14. Firme.

Este formulario se puede enviar por correo o entregar en mano en su alcaldía o centro municipal. Si lo va a enviar por correo, pliegue el formulario, sáñelo con cinta adhesiva, coloque una estampilla de primera clase, escriba el nombre de su ciudad o pueblo y el código postal de la alcaldía o centro municipal, y échelo al correo.

Puede usar este formulario para:

- inscribirse o preinscribirse para votar en Massachusetts; y/o
- actualizar su nombre o dirección y partido político.

Para inscribirse o preinscribirse para votar en Massachusetts, usted debe:

- **SER CIUDADANO DE LOS EE.UU.;** y
- ser residente de Massachusetts; y
- tener por lo menos 16 años de edad.

Penalidad por inscripción ilegal: Multa hasta \$10,000, o hasta cinco años de prisión, o ambos.
-Leyes Generales de Massachusetts, capítulo 56, sección 8.

Identificación que debe ser proporcionada

La sección 7 exige que proporcione su número de licencia de conducir o las últimas 4 cifras de su número del Seguro Social con esta solicitud. Esta información será verificada por medio del Registro del Automotor y el Comisionado del Seguro Social. Si no se puede confirmar o no proporciona la información, tiene que mostrar un documento de identidad junto con esta solicitud o en la casilla electoral cuando vaya a votar. Una identificación válida incluye una copia de un documento de identidad vigente y actual con fotografía, factura actual de servicios públicos, estado de cuenta bancario, cheque del gobierno, cheque de nómina u otro documento del gobierno donde aparezca su nombre y domicilio.

| | | |
|-------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| norte | | †Si no puede describir el lugar donde vive con una calle y número, o una ruta rural y número de buzón, marque la ubicación del lugar utilizando puntos de referencia. |
| oeste | este | |
| | sur | |
| | | |

Escriba toda la información con tinta negra. Para entrega apropiada, siga las instrucciones anteriores.

| | | | | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------|
| 1 | Marque una respuesta: ¿Es ciudadano de los Estados Unidos de América? <input type="checkbox"/> Sí <input type="checkbox"/> No <small>NOTA: Si marcó "no", no llene este formulario.</small> | | | | |
| 2 | Nombre completo: | <i>apellido</i> | <i>nombre</i> | <i>segundo nombre o inicial</i> | |
| 3 | Nombre anterior: | <i>apellido</i> | <i>nombre</i> | <i>segundo nombre o inicial</i> | |
| 4 | Dirección donde usted reside hoy en día <small>(número de la calle / nombre de la calle / número de ruta rural y número de buzón / número de apartamento / ciudad o pueblo / código postal):</small> | | | | |
| 5 | Dirección donde recibe toda su correspondencia (si es distinta que la del punto 4): | | | | |
| 6 | Fecha de nacimiento: <i>mes día año</i> | 7 | Número de documento de identidad: <i>Nº de licencia o los 4 últimos dígitos de su Nº de Seguro Social</i> | 8 | Teléfono (opcional): <input type="checkbox"/> <small>Marque si no está registrado</small> |
| 9 | Afiliación o designación partidaria (marque una opción): <input type="checkbox"/> <i>Demócrata</i> <input type="checkbox"/> <i>Republicano</i> <input type="checkbox"/> <i>Libertario</i> <input type="checkbox"/> <i>Ningún partido (sin afiliación)</i> <input type="checkbox"/> <i>Designación política (no un partido político):</i> | | | | |
| 10 | Domicilio que utilizó la última vez que se inscribió como votante: <small>(número de la calle / nombre de la calle / número de ruta rural y número de buzón / número de apartamento / ciudad o pueblo / estado / código postal):</small> | | | | |
| 11 | Si el solicitante no puede firmar este formulario, proporcione el nombre, dirección y número de teléfono (opcional) de la persona que lo está ayudando con el formulario: <i>nombre</i> <i>dirección</i> <i>número de teléfono (opcional)</i> | | | | |
| 12 | Por la presente juro (afirmo) que soy la persona anteriormente mencionada, que la información presentada líneas arriba es cierta, que SOY CIUDADANO(A) DE LOS ESTADOS UNIDOS , que tengo por lo menos 16 años de edad y que entiendo que debo tener 18 años de edad para ser elegible para votar, que no soy una persona que se encuentra bajo tutela que me prohíbe inscribirme para votar, que no estoy descalificado(a) para votar de manera temporal o permanente por la ley debido a la ejecución de prácticas corruptas con respecto a las elecciones, que no me encuentro actualmente encarcelado(a) por una condena de delito mayor, y que considero que esta residencia es mi hogar. Firmado bajo pena de perjurio. | | | | |
| 13 | Fecha del día de hoy: <i>mes día año</i> | 14 | Firmado: <i>Firme su nombre aquí.</i> | | |

Spanish Rev. 12/23/22

Aplique cinta adhesiva para sellar. No utilice grapas.

¡Compruebe que haya llenado toda la información en la declaración jurada de inscripción de votantes del reverso!

Este formulario debe ser recibido por la Junta de Registradores o la Comisión Electoral local, o tener un matasellos a más tardar en la fecha de vencimiento para la inscripción de votantes (indicada a continuación) para dicha elección, elección primaria, elección preliminar o asamblea del pueblo.

FECHAS DE VENCIMIENTO PARA INSCRIPCIÓN DE VOTANTES

| Para participar en... | Se tiene que inscribir... |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| primarias estatales elecciones estatales preliminares municipales elecciones municipales asambleas de pueblo programadas asambleas de pueblo especiales | por lo menos 10 días antes |

Si no recibe una notificación de sus funcionarios electorales locales en 2 ó 3 semanas, ¡por favor, llámelos!

Pliegue a lo largo de la línea de puntos.



SU CIUDAD O PUEBLO _____
CÓDIGO POSTAL DE LA ALCALDIA O CENTRO MUNICIPAL

MA

City or Town Hall

Board of Registrars or Election Commission

Coloque la estampilla de primera clase aquí



Remitente _____
nombre _____
numero y calle _____
MA
ciudad o pueblo código postal _____

Massachusetts Official
**Absentee Ballot Application
for Incarcerated Voters**



William Francis Galvin
Secretary of the Commonwealth

Section 1 - Voter Information:

Name _____

Legal Voting Residence _____

Date of Birth: _____

Section 2 - Ballot Information: *(Independent voters may vote in a primary without registering with a party)*

Mailing Address _____

Ballot Requested For:

- All elections this year (if yes, provide primary ballot below)
- All general elections (No primaries)
- A specific election (specify date): _____

Party (only if requesting primary ballot):

State Primaries: _____

Presidential Primary: _____

Section 3 - Assistance: *(If applicable)*

- Voter required assistance in completing application due to physical disability
 - Assisting person's name: _____
 - Assisting person's address: _____

 Signed (under penalty of perjury): _____ Date: _____

I affirm under penalty of perjury, that I am qualified to vote in Massachusetts, that the above information is true, and that I am incarcerated for a reason other than a felony conviction.

Solicitud oficial de boleta
de voto en ausencia de Massachusetts
para votantes encarcelados



William Francis Galvin
Secretario de la Mancomunidad

Sección 1 - Información del votante:

Nombre _____

Residencia legal de votación _____

Fecha de nacimiento: _____

Sección 2 - Información de la boleta: *(Los votantes independientes pueden votar en una elección primaria sin estar registrados en un partido)*

Domicilio postal _____

Boleta solicitada para:

Todas las elecciones de este año (si la respuesta es afirmativa, indicar boleta para elección primaria abajo)

Todas las elecciones generales (que no sean elecciones primarias)

Una elección específica (indicar la fecha): _____

Partido (solo si se solicita una boleta para elección primaria):

Elecciones primarias estatales: _____

Elección primaria presidencial: _____

Sección 3 - Asistencia: *(Si corresponde)*

El votante solicitó asistencia para completar la solicitud debido a una discapacidad física.

Nombre de la persona de asistencia: _____

Dirección de la persona de asistencia: _____

 Firma (bajo pena de perjurio): _____ Fecha: _____

Declaro, bajo pena de perjurio, que estoy autorizado a votar en Massachusetts, que la información consignada arriba es verdadera y que estoy encarcelado por un motivo que no corresponde a un delito grave.

Massachusetts Official Absentee Ballot Application

See reverse side for instructions



William Francis Galvin
Secretary of the Commonwealth

1

Voter Information

Full Name: _____

Legal Voting Residence: _____

Date of Birth: _____ Telephone Number: _____

E-mail Address: _____

2

Ballot Information

(Independent voters may vote in a primary without registering with a party)

Mail Ballot to: _____

Ballot Requested For:

- All elections this year
- All general elections (No primaries)
- A specific election: _____
Date of Election

Party (only if requesting primary ballot):

State Primaries: _____

Presidential Primary: _____

3

Special Circumstances

(If applicable)

- This application is being made by a family member of the voter.
Relationship to voter: _____
- Voter is a member of military on active duty or dependent family member of active duty personnel.
- Voter is a Massachusetts citizen residing overseas.
- Voter is incarcerated, but not for a felony conviction.
- Voter has been admitted to a healthcare facility within 7 days of the election and has designated the following person to hand-deliver the ballot:

- Voter required assistance in completing application due to physical disability.
Assisting person's name: _____
Assisting person's address: _____

4

Signed (under penalty of perjury): _____ Date: _____

Eligibility

This application may be completed by...

- A registered voter; or
- A voter's family member (spouse, roommate, parent, sibling, child, aunt, uncle, niece, nephew, grandparent, grandchild, in-law).

Use this application to request an absentee ballot for...

A registered voter who will be unable to vote at the polls on Election Day due to absence from the voter's city or town during polling hours, disability, or religious beliefs.

OR

A non-registered voter who is:

- A Massachusetts citizen absent from the state;
- An active member of the armed forces or merchant marines, their spouse or dependent; or
- A person confined to a correctional facility or jail for reasons other than felony conviction.

Completing the Application

1. **Voter Information** – Provide the voter's name, legal voting address, and date of birth. Telephone number and e-mail address are optional fields.
2. **Ballot Information** – Provide the address where you want the ballot mailed and indicate for which election(s) you are requesting a ballot. For primaries, if the voter is not enrolled in a party, provide the desired party ballot. Applications for "all elections this year" are valid for one calendar year.
3. **Special Circumstances** – Check any of the listed circumstances which apply to this application, if any.
4. **Sign your name** – If you require assistance in signing the application, you may authorize someone to sign your name in your presence. That person must complete the assisting person's information in Section 3.

Submitting the Application

Send the completed application to the local election official at the voter's city or town hall.

Applications can be mailed or hand-delivered. Applications may also be submitted electronically by fax or e-mail, as long as the requester's signature is visible.

Please allow ample mailing time for this application and for the ballot. Ballots must be returned to your local election official by Election Day.

Find contact information for local election officials at www.sec.state.ma.us/ele or by calling 1-800-462-VOTE (8683).

FOR REGISTRAR USE ONLY

We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application.

Solicitud oficial de Massachusetts Para Votar En Ausencia



William Francis Galvin
Secretario de Estado

Ver instrucciones al dorso

1

Información del votante

Nombre: _____

Residencia legal de votación: _____

Fecha de nacimiento: _____ Número de teléfono: _____

Dirección de correo electrónico: _____

2

Información sobre la boleta electoral

Enviar por correo la boleta electoral a: _____

Boleta electoral solicitada para:

- Todas las elecciones de este año
- Todas las elecciones generales (No primarias)
- Una elección específica: _____
Fecha de la elección

Partido (sólo si solicita una boleta electoral para una elección primaria):

Primarias estatales: _____

Primaria presidencial: _____

3

Circunstancias especiales (si corresponde)

- Esta solicitud está siendo completada por un miembro de la familia del votante.
Parentesco con el votante: _____
- El votante es un militar en servicio activo o familiar dependiente de personal militar en servicio activo.
- El votante es un ciudadano de Massachusetts que vive en el exterior.
- El votante está encarcelado, pero no por un delito mayor.
- El votante ha sido admitido a un centro de atención medical entre siete días de la elección y ha designado a la siguiente persona para que entregue personalmente la boleta electoral:

- El votante requirió asistencia para completar la solicitud debido a una discapacidad física.
Nombre de la persona que lo asistió: _____
Domicilio de la persona que lo asistió: _____

4

Firmado (Bajo pena de perjurio): _____ Fecha: _____

Elegibilidad

Esta solicitud puede ser completada por...

- Un votante registrado; o
- Un familiar del votante (cónyuge, compañero de habitación, padre/madre, hermano/a, hijo/a, tío/a, sobrino/a, abuelo/a, nieto/a, suegro/a).

Use este formulario para solicitar una boleta de votante ausente para...

Un votante registrado que no podrá votar en las urnas el Día de la Elección debido a que estará ausente de su ciudad o municipio durante el horario de votación, o debido a una discapacidad o creencias religiosas.

O

Un votante no registrado que es:

- Un ciudadano de Massachusetts que no se encuentra en el estado;
- Un miembro activo de las fuerzas armadas o marino mercante, su cónyuge o dependiente; o
- Una persona confinada en un correccional o cárcel por motivos diferentes a una condena por un delito mayor.

Cómo completar la solicitud

1. Información del votante – Proporcione el nombre del votante, domicilio legal de votación, y fecha de nacimiento. Las casillas de número de teléfono y dirección de correo electrónico son opcionales
2. Información sobre la boleta electoral – Proporcione el domicilio donde desee que se envíe por correo la boleta electoral e indique para qué elección o elecciones está solicitando una boleta electoral. Para elecciones primarias, si el votante no está afiliado a un partido, indique el partido para el cual solicita la boleta electoral. Las solicitudes para "todas las elecciones de este año" son válidas por un año calendario.
3. Circunstancias especiales – Si es aplicable, marque alguna de las circunstancias que se indican para la cual presenta esta solicitud.
4. Firme. Si requiere asistencia para firmar la solicitud, puede autorizar a una persona para que firme su nombre ante usted. Dicha persona debe completar la información de la persona que asiste al votante en la Sección 3.

Cómo enviar la solicitud

Envíe la solicitud cumplimentada al funcionario electoral local de la ciudad o ayuntamiento del votante.

Las solicitudes pueden enviarse por correo o ser entregadas personalmente. Asimismo, las solicitudes pueden enviarse electrónicamente por fax o correo electrónico, siempre que la firma del solicitante sea visible.

Por favor planea con suficiente tiempo para enviar esta aplicación por correo. Aplicaciones deben de ser devueltas a el oficial de elecciones antes del Día de Elecciones.

Encuentre la información de contacto de los funcionarios electorales locales en www.sec.state.ma.us/ele o llamando al 1-800-462-VOTE (8683).

| FOR REGISTRAR USE ONLY | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------|
| We certify that the voter for whom this application is being made appears to be eligible to vote from the address listed on the application. | |
| _____ | _____ |
| _____ | _____ |