Town of Orleans Official Absentee Ballot Application

2017

How to use this form

Box 1. Check all the boxes that apply to you. If the absentee ballot is to be used for a primary, circle the applicable party. Remember, in order to participate in a primary, you must be registered as a member of that party or as an unenrolled (independent) voter. Contact your town clerk, city clerk or election commission if you are unsure of your party designation.

Box 2. Print your name: last name, first name, middle name or initial.

Box 3. Print the address where you are registered to vote: number and street name or rural route number and box number (do not provide a post office box number), apartment number, city/town & full zip code.

Box 4. Check the appropriate box indicating your preference for obtaining your absentee ballot. Instead of having the ballot mailed to you, you have the option of voting at your city or town hall at a time arranged with the clerk or election commission. However, you must still submit a timely application. If you have entered a health care facility after twelve o'clock noon of the 5th day before the revelent primary or election, contact the city or town clerk about the proper procedure to be followed. If the voter is applying for absentee ballots for all elections this year, be sure to notify the town /city clerk or election commission of a change of mailing address.

Box 5. Print your date of birth: month, day and year.

Box 6. It is optional to provide your telephone number. If included, unless you indicated "unlisted" it will be a public record. Your telephone number may be used to contact you should a question arise concerning your application

Box 7. It is optional to provide your e-mail address. If included, it will be a public record. Your e-mail may be used to contact you should a question arise concerning your application.

Box 8. Print today's date.

Box 9. Sign your name. Signed under penalty of perjury.

Box 10. If the applicant is unable to complete and sign this application because of blindness, physical disability, the inability to read or the inability to read English, any person designated by the voter may do so.

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 reason of felony conviction.

Warning: Illegal absentee voting, including making a false application, is punishable by a fine of up to $10,000 and up to five years in prison.

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
19 School Rd.
Orleans, MA 02653

1 This Absentee Ballot Application is being made for:

☐ **All elections this year :**

An election:

☐ **Annual Town Election** **5/16/2017**

☐ **Special Cape Cod Tech School Election (Ballot Question)** **10/24/2017**

2 Full Name: *Last Name* *First Name* *Middle name or Initial*

Your legal voting residence: *#, street, apt. number* *city or town* *Precinct*

Orleans **1**

3 ☐ I am living outside the US and the above address is my last residence in the US (qualify for electronic ballot, complete Sec 7)

4 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

☐ 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: *month day year*

6 Telephone: (optional)

7 E-Mail Address: (optional)

5 Today's Date: *month day year*

9 Signed under Penalty of Perjury:

8 ONLY TO BE COMPLETED BY ANY PERSON ASSISTING APPLICANT

I assisted in completing this application since the applicant was uanble to do so because: _____ (reason)

Printed Name: _____

Address: _____ City/ Town: _____ Zip: _____

10 Signed under Penalty of Perjury: _____