

Massachusetts 2025 Vote by Mail Application



William Francis Galvin
Secretary of the Commonwealth

Section 1 - Voter Information:

Name: _____

Address of Voter Registration: _____

Ballot Mailing Address (if different): _____

Date of Birth: _____ Phone Number (optional): _____

E-mail Address (optional): _____

Section 2 - Ballot Information- Framingham

Elections:

All elections this year, or

*Only the Preliminary City Election 9/16/2025 (see note below), or

Only the City Election 11/04/2025

Section 3 - Assistance:

Voter required assistance in completing application due to physical disability.

Assisting person's name: _____

Assisting person's address: _____

This application is being made by a family member.

Relationship to Voter: _____

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

Completing the Application

1. Voter Information – Provide your name, the address where you are registered to vote, your ballot mailing address (if different) and date of birth.

2. Ballot Information – Choose which ballot(s) you want to receive by mail.

***Note: Preliminary City Elections are dependent upon the number of candidates for city-wide and district offices per the city charter. Once nomination papers have been certified by mid- July, the need for a city-wide or specific district level preliminary election will be announced by the City Clerk.**

3. Assistance – If you're helping someone complete this application, or you're requesting a ballot for a family member, fill out this section.

4. Sign your name – If you can't sign your name, you may ask someone to sign your name in your presence.

Submitting the Application

Send this completed application to: City Clerk, Elections Department, 150 Concord Street, Framingham, MA 01702, or email it to: CityClerk@Framinghamma.gov

Application Deadlines

This application must reach the Framingham City Clerk by 5 p.m. on the fifth business day before Election Day (for the Preliminary, September 9th, or for the City Election: October 28th.)