



## 1 Voter Information/選民資訊

Name/姓名: \_\_\_\_\_

Legal Voting Residence

法定投票住址: \_\_\_\_\_

Zip code

郵遞區號

Date of Birth/出生日期: \_\_\_\_\_ Telephone Number/電話號碼: \_\_\_\_\_

Email/電郵地址: \_\_\_\_\_

## 2 Ballot Information/選票資訊

Mail Ballot to (if different from voting residence):

請將選票寄往 (如果它與投票地址不同):

\_\_\_\_\_  
\_\_\_\_\_

Ballot Requested For/申請以下選票:

☐ All elections this year/今年的所有選舉

☐ A specific election/特定選舉: \_\_\_\_\_

Ballot Language/選票語言:

☐ English-Spanish/英語-西班牙語  
(Default option/默認選項)

☐ English-Chinese/英語-中文

☐ English-Vietnamese/英語-越南

Primary Ballot/初選:

☐ Democratic/民主的

☐ Republican/共和黨

**\*If you're not registered in a party and requesting a primary ballot, you must pick a primary ballot.**

**\*如果您未在政黨中註冊並要求進行初選，則必須選擇初選。**

## 3 Special Circumstances/特殊情况

(Select all that apply/選擇所有適用的選項)

☐ This application is being made by a family member of the voter./本申請由選民的家庭成員提出。

Relationship to voter/與選民的关系: \_\_\_\_\_

☐ Voter is a member of military on active duty or dependent family member of active duty personnel.  
選民為現役軍人成員或依靠現役軍人的家屬成員。

☐ Voter is a Massachusetts citizen residing overseas./選民為居住在海外的Massachusetts公民。

☐ Voter is incarcerated, but not for a felony conviction./選民被監禁，但不是因為重罪。

☐ 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: \_\_\_\_\_

選民必須在投票日前五天的中午前得到醫療機構接受的確定，並且已指定以下人士面交選票。

☐ Voter required assistance in completing application due to physical disability.

由於身體殘障，選民需要協助完成申請。

Assisting person's name/協助人士姓名: \_\_\_\_\_

Assisting person's address/協助人士地址: \_\_\_\_\_

**Application Deadlines/申請截止日期:** Application must be received by our office by 5 P.M. on the 5th business day before election day. 我們的辦公室必須在下午 5 點之前收到申請。在選舉日前的第 5 個工作日。

**Disclaimer:** Please note that the Elections Department is able to provide materials translated into the city's threshold languages. However per the State guidelines, we are only able to provide Ballots in the languages identified above. We apologize for any inconvenience. 免責聲明：請注意，選舉部門可以本市的主要語言提供翻譯資料。但是根據州指南，我們只能提供上述語言的選票。我們對此不便深表歉意。

**Signed**

簽名: \_\_\_\_\_

**Date**

日期: \_\_\_\_\_

(under the penalty of perjury/根據偽證處罰規定)

See reverse side for instructions & contact information/參見背面說明和聯繫信息



## Eligibility/資格

Application may be completed by /本申請可由以下人士完成:

- A registered voter; or  
已登記的選民; 或
- A voter's family member (spouse, roommate, parent, sibling, child, aunt, uncle, niece, nephew, grandparent, grandchild, in-law)  
選民的家庭成員 (配偶、室友、父母、兄弟姐妹、孩子、阿姨、叔叔、外甥女/侄女、外甥/侄子、祖父母/外祖父母、孫子女/外孫子女、姻親)。

Use this application to request an absentee ballot for /使用本申請為以下人士申請缺席選票:

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.

由於在投票時間不在選民市或鎮、殘障或宗教信仰，將無法於選舉日在投票站投票選舉的登記選民。

OR/或

A non-registered voter who is

以下非登記選民:

- A Massachusetts citizen absent from the state;  
不在本州的Massachusetts公民;
- An active member of the armed forces or merchant marines, their spouse or dependent; or  
武裝部隊或商船隊的現役成員，其配偶或受供養者; 或
- A person confined to a correctional facility or jail for reasons other than felony conviction.  
由於非重罪定罪原因被關押在監獄或看守所的人士。

## Completing the Application/完成申請

- Section 1 (Voter Information) - Provide the voter's name, legal voting address, and date of birth. Telephone number and email address are optional in case we need to contact the voter for verification purposes.  
第1節 (選民資訊) - 提供選民姓名、法定投票地址、出生日期。電話號碼和電郵地址為可選項。
- Section 2 (Ballot Information) - Provide the address where you want your ballot mailed to (if different from your voting address). Indicate which election(s) you are requesting a ballot for. For Primaries, unenrolled (independent) voters that wish to vote in the primaries, please provide the party ballot you wish to receive. Applications for "all elections this year" are only valid for one calendar year. Select the language of the ballot that you want to receive, English/Spanish will be the default choice if you omit a selection.  
第2節 (選票資訊) - 提供您希望選票郵寄的地址，(如果它與投票地址不同)。並說明您申請哪次/哪些選舉的選票。對於預選，如果選民未加入某個黨派，請說明希望獲得的黨派選票。關於「今年的所有選舉」的申請有效期為一個日曆年。選擇您要接收的選票語言，如果省略選擇，則英語/西班牙語將成為默認選項。
- Section 3 (Special Circumstances) - Select any of the listed circumstances which apply to the application, if applicable.  
第3節 (特殊情況) - 勾選適用本申請的任何下列情況 (如有)。
- Sign your name and date the application. If the voter require assistance in completing the application and/or signing the application, the voter may authorize any person of their choice to sign their name in their presence. The assisting person must complete the assisting person's information in Section 3.  
簽署您的姓名。如果您需要某人協助您簽署申請，您可授權某個人士在您面前簽署您的姓名。該人士必須填寫第3部分的協助人士資訊。

## Submitting the Completed Application/提交已完成的申請

You may submit the completed and signed application to us via mail, email, or fax. Please note that when submitting your application via email, electronic signatures are not acceptable, a physical signature is required for the application to be accepted. The application must be received by our office by 5 P.M. on the 5th business day before election day.

您可以通過郵件，電子郵件或傳真向我們提交填寫完整併簽名的申請表。請注意，通過電子郵件提交申請時，不接受電子簽名，申請被接受需要實際簽名。我們的辦公室必須在下午 5 點之前收到申請。在選舉日前的第 5 個工作日。

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Boston Election Department  
1 City Hall Square, Rm. 241  
Boston, MA 02201



absenteevoter@boston.gov



Fax/傳真: 617-635-4483