

Massachusetts Voter Registration Application

Registration Deadline — 20 days before the election.

6. ID Number.

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 then you must provide the last four (4) digits of your social security number. If you have neither, you must write "NONE" in the box and a unique identifying number will be assigned to you.

7. Choice of Party.

If you do not designate a party of political designation in this box, you will be registered as unenrolled. Unenrolled voters may participate in party primaries. However, an unenrolled voter must enroll in a party on the day of the Presidential Preference Primary in order to participate in that primary.

8. Race or Ethnic Group.

Leave blank.

9. Signature.

To register in Massachusetts you must:

- be a citizen of the United States
- be a resident of Massachusetts
- be 18 years old on or before the next election
- not have been convicted of corrupt practices in respect to elections
- not be under guardianship with respect to voting
- not be currently incarcerated for a felony conviction

Mailing address:

**Town Clerk's Office
North Andover Town Hall
120 Main Street
North Andover, MA 01845**

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? Will you be 18 years old on or before election day? If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)					This space for office use only.				
1		Last Name	First Name	Middle Name(s)					
2	Home Address		Apt. or Lot #	City/Town	State	Zip Code			
3	Address Where You Get Your Mail If Different From Above			City/Town	State	Zip Code			
4	Date of Birth <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>		5	Telephone Number (optional)		6	ID Number - (See item 6 in the instructions for your state) <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
7	Choice of Party <small>(see item 7 in the instructions for your State)</small>		8	Race or Ethnic Group <small>(see item 8 in the instructions for your State)</small>					
I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States. 					<div style="border: 1px solid black; height: 40px; margin: 0 auto;"></div> Please sign full name (or put mark) ▲				
					Date:	<div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 5px;"> <div style="width: 20%; border-right: 1px solid black; height: 20px;"></div> <div style="width: 20%; border-right: 1px solid black; height: 20px;"></div> <div style="width: 20%; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> Month Day Year </div>			

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

A		Last Name	First Name	Middle Name(s)		
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If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	<ul style="list-style-type: none"> ■ Write in the names of the crossroads (or streets) nearest to where you live. ■ Draw an X to show where you live. ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. 	NORTH ↑						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">Example</td> <td style="width: 5%; border: 1px solid black; text-align: center; font-size: small;">Route #2</td> <td style="width: 75%; border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="margin: 0;">● Grocery Store</p> <p style="margin: 0;">Woodchuck Road</p> </div> <div style="width: 50%; border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-weight: bold;">X</div> </div> </div> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Public School ●</td> <td></td> <td></td> </tr> </table>	Example	Route #2	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="margin: 0;">● Grocery Store</p> <p style="margin: 0;">Woodchuck Road</p> </div> <div style="width: 50%; border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em; font-weight: bold;">X</div> </div> </div>	Public School ●			
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Public School ●								

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

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