



**RETURN WITHIN TEN (10) DAYS**

COMPLIANCE with this State Requirement provides proof of residence, protection of voting rights, veteran’s bonus, housing for the elderly and related benefits as well as providing information for selection of jurors.

**This form DOES NOT register you as a voter, or allow you to change your political party.**

You may register to vote in Massachusetts online at [www.registertovotema.com](http://www.registertovotema.com).

**GENERAL INSTRUCTIONS – PLEASE PRINT**

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

- **RESIDENT ADDRESS** If your resident address is incorrect, make the change in the space to the right of the incorrect address.
- **CHANGES** Make all changes on the shaded line below the printed line.
- **DELETIONS** Put a line through the name of any resident no longer residing at this address and list his/her new address.
- **VOTER** Indicates whether a person is a registered voter. **Returning your census keeps your voter status active.**
- **NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS** Includes any member of the family in Military Service, away at school or confined to a rest home. If a NEW member has been added to the family or household, enter the name & information in the space provided on the form.
- **MAIL TO** This is the designated individual to whom this form has been sent. If you wish to change your designated mail to contact, please place a “Y” next to the name of the selected individual. ONLY ONE “HEAD OF HOUSEHOLD” may be designated.
- **DATE OF BIRTH** MM=Month, DD=Day, YYYY=Year. If your date of birth is blank or incorrect, please make appropriate changes.
- **OCCUPATION** Enter or verify your occupation, not your place of employment.
- **MOVED / DECEASED** Place a “D” in the column to indicate the resident is Deceased. Place an “M” to indicate the resident has Moved. Please provide a new address if known for moved registered voters on the bottom of this form.
- **NATIONALITY** If you are NOT a U. S. Citizen, please indicate/verify your nationality.
- **VETERAN** A “Y” indicates you are a veteran of the U. S. Armed Forces.

<b>*MOVED -- If a household member listed has moved, provide the following information.</b>			
Name (First, Last)	WHERE THEY MOVED TO		Signature (if a registered voter)
	Street Address	City/ Town	

**REGISTER TO VOTE BY MAIL**  
 Visit the Secretary of the Commonwealth’s  
 vote-by-mail page for information and to  
 find an application by scanning the following QR code:



↑ PLEASE DETACH BEFORE MAILING ↑

**DOG 1**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male:  Neutered (\$10.75)  Not Neutered (\$15.75)

Female:  Spayed (\$10.75)  Not Spayed (\$15.75)

Veterinarian: \_\_\_\_\_

Rabies Exp.: \_\_\_\_\_

**DOG 2**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male:  Neutered (\$10.75)  Not Neutered (\$15.75)

Female:  Spayed (\$10.75)  Not Spayed (\$15.75)

Veterinarian: \_\_\_\_\_

Rabies Exp.: \_\_\_\_\_

**DOG 3**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male:  Neutered (\$10.75)  Not Neutered (\$15.75)

Female:  Spayed (\$10.75)  Not Spayed (\$15.75)

Veterinarian: \_\_\_\_\_

Rabies Exp.: \_\_\_\_\_

**DOG 4**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male:  Neutered (\$10.75)  Not Neutered (\$15.75)

Female:  Spayed (\$10.75)  Not Spayed (\$15.75)

Veterinarian: \_\_\_\_\_

Rabies Exp.: \_\_\_\_\_