

2024

For assistance, call Town Clerk at 781-246-6383

← If this address is incorrect, make corrections below

✓ If there is no party information next to your name, you are not registered to vote. If you wish to register to vote, you may register in-person or by mail.

INSTRUCTIONS: Please print. Update the information provided by adding, deleting, or making changes below the printed information. Designate the head of your household by marking an "X" in the second column next to the name. The ninth column labelled Moved/Deceased asks if the person(s) listed has moved or is deceased. Enter an "M" or a "D" if appropriate. **The following fields are optional and are denoted as such by an asterisk: mail to, sex, party, number of cats, and telephone number.**

[illegible]☐ **Unlisted**

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| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 |

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.

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.
- **GENDER M/F** – Should be "M" for Male or "F" for Female.
- **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
- **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.