



The Commonwealth of Massachusetts

TOWN NOMINATION PAPER

DATE and TIME received by Board of Registrars

TOWN _____

ATTENTION REGISTRARS: Before certifying signatures, see Instructions to Registrars on reverse side of this paper.

CANDIDATE INFORMATION

INSTRUCTIONS TO CANDIDATES

Fill in all the required candidate information prior to circulating nomination papers. Call the Town Clerk about campaign finance reporting requirements.

DO NOT ALTER THIS NOMINATION PAPER IN ANY WAY. ADDITIONAL MARKINGS ON THIS PAPER MAY DISQUALIFY ANY SIGNATURES ON THIS PAPER.

DEADLINES

Nomination papers must be submitted to the Board of Registrars of Voters for the certification of names by **5 p.m.**

_____, _____
Day Date

Nomination papers with certified names must be filed with the Town Clerk by **5 p.m.**

_____, _____
Day Date

On at least ONE of the nomination papers, have the Registrars complete and sign the Certificate of Voter Registration which is printed on the other side of this paper.

TYPE OR PRINT:

NAME OF CANDIDATE _____

RESIDENCE _____
street & number town zip code

OFFICE _____
exact title of office

TERM _____ **CANDIDATE FOR RE-ELECTION** _____
years yes no

POLITICAL DESIGNATION (if any) _____
not more than three words

I ACCEPT THE NOMINATION _____
written signature

SIGNERS INFORMATION

INSTRUCTIONS TO SIGNERS

For your signature to be valid, you must be a registered voter in the town named above and your signature should be written substantially as registered. Sign only one nomination paper for each candidate.

If you are prevented by physical disability from writing, you may authorize some person to write your name and residence in your presence.

SIGNERS' STATEMENT

We, the undersigned, are qualified voters of this town, and in accordance with the provisions of law, nominate the candidate named above for town office.

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated above)	II. NOW REGISTERED AT (street, number and apartment number, if any) (town will be the same as stated above)	PRECINCT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

ATTENTION VOTERS: Before signing, read signer information on other side.

_____ candidate

ATTENTION REGISTRARS: Before certifying signatures, see Instructions to Registrars below.

_____ office

	CHECK	I. SIGNATURE to be made in person with name substantially as registered (except in case of physical disability as stated on other side)	II. NOW REGISTERED AT (street, number and apartment number, if any) (town will be the same as stated on other side)	PRECINCT
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				

COMMITTEE TO FILL VACANCIES: (Candidate MAY list here the names and addresses of five registered voters of the town, who may fill any vacancy caused by the candidate's death or physical disability.)

COMMITTEE OF FIVE REGISTERED VOTERS: NAME AND RESIDENCE (Street and Number, if any; Town)

WARNING - criminal penalty for unlawfully signing, altering, defacing, mutilating, destroying or suppressing this nomination paper: fine of up to \$1,000 or imprisonment for up to one year.

REGISTRAR INFORMATION

INSTRUCTIONS TO REGISTRARS

- You must time-stamp or write in date and time these papers are received.
- Fill in and sign Certificate of Registration **on at least one of the candidate's papers.**
- Check thus against the name of each qualified voter to be certified. For names not certified use the following code. Draw a line through any blank spaces not containing signatures.

N - no such registered voter at that address, or address is illegible.

S - unable to identify signature as that of voter because of form of signature, or signature is illegible.

T - already signed nomination papers for this candidate.

CANDIDATE CERTIFICATE OF REGISTRATION

We certify that the above named candidate is a registered voter of this town.

_____ 20____

Registrars of Voters of _____
 Town

CERTIFICATION OF NAMES

_____ month and day

We certify that _____
 number of names certified – use numbers and words

above signatures checked thus are the names of qualified voters from this town.

At least three registrars' names must be signed or stamped below.

Registrars of Voters

 Town