

# POSTAL VOTE APPLICATION FORM

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01274 432312/432287.

Please write in BLACK INK and use BLOCK LETTERS

**1. Address where you are registered to vote**

**2. About you**

First name(s) (in full) \_\_\_\_\_

Surname \_\_\_\_\_

Title (Mr, Mrs, Ms, Miss, Dr, Other) \_\_\_\_\_

Daytime or mobile telephone or email (Optional) \_\_\_\_\_

**3. For how long do you want a postal vote?**

(a) Until further notice

(b) For election(s) on the following date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

(c) For elections between the following dates

From

Day Month Year

Until

Day Month Year

**4. Postal vote for which elections**

- All elections you are entitled to vote at
- Local elections
- Parliamentary or Assembly elections

**5. Address for postal ballot paper(s)**

My address where I am registered to vote in Part 1

or

The following address

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Reason for sending the ballot paper(s) to an alternative address

**6. Your Declaration**

As far as I know, the details on this form are true and accurate.  
*You can be fined for making a false statement on this form.*

Date of Birth (e.g. 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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D D M M Y Y Y Y

Please SIGN in the box below using BLACK ink

**Important - keep signature within the border.**

*If you fail to do this, this application may not be valid.*

Date of signing

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