

# POSTAL VOTE APPLICATION FORM

Only ONE form per person. Please complete ALL sections of this form and return it to the address below. If you need any help with the form please phone 01372 732152

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?**

Until further notice

For election(s) on

Day		Month		Year	

For election(s) 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)

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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 will not be valid.

Date of signing

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