

Application To Vote By Post

Please use one form for each person.

Please write in **BLACK INK** and **BLOCK CAPITALS**

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'm registered to vote in part 1 above

or

The following address

Reason for sending 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)

Day		Month		Year			

Please SIGN in the box below using **BLACK** ink

Important – keep signature within the border

If you fail to do this, the application will not be valid.

Date of signing