



# Application to vote by post

Only one person for each form. If you need more forms please photocopy this form, contact your electoral registration office or visit the website [www.postalvotes.co.uk](http://www.postalvotes.co.uk). Please write in black ink and use **BLOCK LETTERS**.

## 1 About you

Surname

\_\_\_\_\_

First names (in full)

\_\_\_\_\_

Your address (where you are registered to vote)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

\_\_\_\_\_

Email

\_\_\_\_\_

Daytime telephone or mobile

\_\_\_\_\_

## 2 How long do you want a postal vote for?

I want to vote by post (tick one box)

for the elections held on

\_\_\_\_\_

for the period

from \_\_\_\_\_  
to \_\_\_\_\_

until further notice (permanent postal vote)

## 3 At which elections do you want a postal vote?

Please tick the appropriate box.

Parliamentary or Assembly elections

Local elections

All elections

## 4 Address for ballot paper

Please send my ballot paper to (tick one box)

my address where I am registered to vote (see part 1)

the following address

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

\_\_\_\_\_

## 5 Your signature

Each person has to sign their own form. The form will be returned if it is not signed. You can be fined for making a false statement on this form.

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

### FOR OFFICE USE ONLY

Polling district: \_\_\_\_\_

Date received: \_\_\_\_\_

Elector number: \_\_\_\_\_

Date added: \_\_\_\_\_