

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Guildhall, High Street, Kingston upon Thames, KT1 1EU. If you need help filling in this form please phone the helpline on 020 8547 5026.

1 Address where you are registered to vote

2 About you

First name(s) (in full)

Surname

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

3 Your Date of Birth

		1	9		
Day		Month		Year	

4 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.)

Signature: Keep within the border and use **BLACK INK**.

I cannot supply a signature because

Date:

5 For how long do you want a postal vote?

I want to vote by post at all elections (tick one box only)

Until further notice (permanent postal vote)

For election(s) on

Day		Month		Year					

For election(s) until

Day		Month		Year					

6 Address for postal ballot paper(s)

My address where I'm registered to vote

The following address

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

7 Have you had help completing this form?

Name and Address of helper

For office use only:

INT