

Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS**. Return to Electoral Services, Guildhall, 2 High Street, Kingston upon Thames, KT1 1EU, email to electoral.services@kingston.gov.uk or fax to 020 8547 5099. If you have any queries, please contact Electoral Services using the details above.

1 Address where you are registered to vote

2 About you

First name and middle initials

Surname

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

Contact Details (you do not have to provide these but they may help us resolve any queries quickly)

Tel. _____

Email: _____

3 Your Date of Birth

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 or

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