

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Elizabeth House, Church Street, Stratford upon Avon, CV37 6HX. You may also return by fax or email providing your signature is evident. If you need help filling in this form please phone **(01789) 260209**.

Address where you are registered to vote

About you

First name(s) (in full)

Surname

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

Your Date of Birth

Day		Month		Year	

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:

Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

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			

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

Have you had help completing this form?

Name and Address of helper

For office use only