

Office Use Only
PD
No.

# POSTAL VOTE APPLICATION FORM

If you need help with this form please phone  
020 8891 7775

Please use **BLACK PEN**

**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. Your Postal Vote**

My application is for all election types until further notice

or

Only these particular election types or dates (please state)

---



---



---

I understand that I now cannot vote in person at the Polling Station and my postal ballot papers cannot be sent to me earlier than 10 days before any election.

**4. Address to send postal ballot paper(s)**

My address where I am registered to vote in Part 1

or

To the following address

---



---



---

The reason for sending the ballot paper(s) to an alternative address

**5. 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.*

Your Date of Birth (e.g. 02 05 1965)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

D D M M Y Y Y Y

Please SIGN within the box below using BLACK pen

**Important - keep signature within the border.**

*If you fail to do this, this application may not be valid.*

Date of signing

---