

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, The Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND. If you need help filling in this form please phone **0345 678 9015**.

## Address where you are Registered to Vote

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your Details

First name(s) (in full)

\_\_\_\_\_

Surname

\_\_\_\_\_

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

\_\_\_\_\_

Contact Telephone or E-Mail Address:

## Your Date of Birth

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day                  |                      | Month                |                      | Year                 |                      |

## 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.)

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

I cannot supply a signature because

\_\_\_\_\_

**Date:**

## For how long do you want a Postal Vote?

Until further notice

For election(s) on

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day                  |                      | Month                |                      | Year                 |                      |

For election(s) until

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Day                  |                      | Month                |                      | Year                 |                      |

PLEASE NOTE: If you change your registration details, you will need to make a new application.

## Address for Postal Ballot Paper(s) and Reason for Application, if an Alternative Address is used

To the address where I'm registered to vote (*please tick box*)

**OR**

To 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**