

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Ground Floor, Laurence House, Catford, London, SE6 4RU. If you need help filling in this form please phone **020 8314 6086**.

Address where you are registered to vote

About you

First name(s) (in full)

Surname

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			

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.

Postal vote for which elections

- All elections you are entitled to vote at
- Local elections
- Parliamentary or Assembly elections

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 | | | |

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

Date of signing:

For office use only