

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, The Council House, Avenue Road, Malvern, Worcestershire, WR14 3AF. If you need help filling in this form please phone **01684 862200**.

## 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 or Assembly 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_