

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services Team, Civic Centre, Castle Hill Avenue, Folkestone, Kent, CT20 2QY. If you need help filling in this form please phone **01303 853497**.

## 1. Address where you are registered to Vote

## 5. Address for delivery of 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

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

## 2. About you

First name(s) (in full)

\_\_\_\_\_  
Surname

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

## 3. How long do you want a postal vote for?

I want to vote by post at all elections or referendums (choose only one of the following three options) :

Until further notice (permanent) :

For the Election(s) to be held on:

				2	0		
D	D	M	M	Y	Y	Y	Y

For Election(s) until:

				2	0		
D	D	M	M	Y	Y	Y	Y

## 4. Have you had help completing this form?

Name of helper:

\_\_\_\_\_  
Address of helper:

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

Reason for help:

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

## 6. Date of birth and 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.)

**Date of Birth**

				1	9		
D	D	M	M	Y	Y	Y	Y

**Signature or reasons unable to sign**

**Please keep within the box and use BLACK INK.**

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

**Date of application**

				2	0		
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**For Office Use Only**