

Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, PO Box 18, Council House, Solihull, B91 9QS. If you need help filling in this form please phone **0121 704 6042**.

1. Address where you are registered to Vote

5. 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

2. About you

First name(s) (in full)

Surname

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

3. Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

4. For how long do you want a postal vote?

Until further notice

For Election(s) 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

6. 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 declaration _____

For Office Use Only

7. Have you had help completing this form?

Name and Address of helper
