

POSTAL VOTE APPLICATION FORM

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 029 2087 2034. Return to: **Electoral Registration, County Hall, Atlantic Wharf, Cardiff CF10 4UW. If you need help filling in this form please phone 02920 872034**

Please write in **BLACK INK** and use **BLOCK LETTERS**

1. Address where you are registered to vote

2. About you

First name(s) (in full)

Surname

3. Your Date of Birth

D D		M M		Y Y Y Y	

4. 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:

5. Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

6. 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			

7. Address for postal ballot paper(s)

My address where I am registered to vote or

The following address

Reason for sending ballot paper(s) to an alternative address

8. Have you had help completing this form?

Name and Address of helper