

# Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Services, Council Offices, Ebley Mill, Stroud, Glos, GL5 4UB. If you need help filling in this form please phone **01453 754886**.

## Address where you are registered to vote

## For how long do you want a postal vote?

I want to vote by post at all elections  
(to which I am entitled to vote at)

Until further notice (or)

For election(s) on

Day

Month

Year

Or for election(s) until

Day

Month

Year

## 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:**

## 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

For office use only