

Application Form to Vote by Post

Please complete in **BLACK INK** and **BLOCK CAPITALS** and return to Electoral Registration Officer, Carlisle City Council, Civic Centre, Carlisle CA3 8QG. If you need help filling in this form, please phone **01228 817555** or **01228 817556**. Please read the notes on the back.

1 Address where you are registered to vote

5 Postal vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary elections

6 For how long do you want a postal vote?

A. Until further notice (*tick the box*)

B. For election(s) on

Day

Month

Year

C. For election(s) until

Day

Month

Year

7 Address for postal ballot paper?

My address where I'm registered to vote (*tick the box*)

or

*The following address

*Give a reason for asking for your ballot paper to be sent to an alternative address:

8 Have you had help completing this form?

Name and Address of helper

For office use only

2 About you

First name and initials

Surname

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

3 Your Date of Birth

Day

Month

Year

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:

How to complete the application form

Please complete the form in **BLACK INK**.

Section 1 – enter the address where you are registered to vote. (This will usually be your normal home address.)

Section 2 – enter your full name.

Section 3 – New Regulations require everyone who wishes to vote by post to give their date of birth. This information will be stored securely and will only be used to compare against the date of birth given on the Security Statement that all postal voters have to return with their postal vote.

Please enter your date of birth clearly in the boxes provided.

Section 4 – Sign the form using **black ink** within the box provided.

The Registration Officer may decide that you do not need to sign the form if you are unable to provide a signature or sign in a consistent and distinctive way because of any disability or because you are unable to read or write.

If you are unable to provide a signature, please ask someone to explain why in the space provided.

Section 5 – Tick **ONE** box to say which elections you would like a postal vote for.

Section 6 – complete A or B or C to say how long you want a postal vote.

Section 7 – complete this section to give the address where you would like your postal vote to be sent. If the address is not the same as your registered address, please say why in the space provided.

Section 8 – if someone has helped you complete this form, please give their name and address.

Return this form to:

**Electoral Registration Officer
Carlisle City Council
Civic Centre
Carlisle
CA3 8QG**

If you have any queries or need any advice on filling in the form:

- ◆ telephone Carlisle 817555 or 817556; or
- ◆ call at Customer Services on the ground floor of the Civic Centre, Carlisle; or
- ◆ e-mail Electoral Services at elections@carlisle.gov.uk