

# Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, City Hall, Centenary Square, Bradford, BD1 1HY. If you need help filling in this form please phone **01274 432287**.

## 1 Address where you are registered to vote

## 2 About you

First name(s) (in full)

Surname

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

## 3 Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**.

**Date:**

If a signature cannot be provided, please give reason below:

## 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?

Until further notice

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

For election(s) until

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

## 7 Address for postal ballot paper(s)

My address where I'm registered to vote in Part 1   
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