

## Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, District Council House, Frog Lane, Lichfield, WS13 6YU. If you need help filling in this form please phone **01543 308125**.

### Address where you are registered to vote

### About you

First name(s) (in full)

Surname

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

### Your Date of Birth

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

### Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary elections

### 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			

### Address for postal ballot paper(s)

My address where I'm registered to vote

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