

Application Form to Vote by Post

Please complete in BLACK INK and BLOCK CAPITALS and return to Electoral Registration (SBDC), PO Box 886, Amersham, HP6 9HS; or scan and email to elections@southbucks.gov.uk - your signature must be clearly visible. If you need help filling in this form please phone 01494 729014.

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

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.

If you are unable to sign this form please contact the Electoral Registration Office.

Date: _____

Postal vote for which elections

Your application will apply to all types of election in which you are eligible to vote unless you tell us otherwise.

Helpline: 01494 732014
elections@southbucks.gov.uk

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			

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

