

## Application Form to Vote by Post

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Kettering Borough Council, Bowling Green Road, Kettering, NN15 7QX. If you need help filling in this form please phone 01536 534353 or 01536 534200.

### 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.**

\_\_\_\_\_

I cannot supply a signature because

\_\_\_\_\_

**Date:**

### Postal vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

### 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

\_\_\_\_\_

\_\_\_\_\_

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