

Application to vote by post in England

Only one person can apply to vote by post using this form

Please write in black ink and use CAPITAL LETTERS. When you have completed the form, send it to Solihull MBC, Electoral Services, Council House, Manor Square, Solihull B91 3QB or scan and email to election@solihull.gov.uk.

1 About you

Surname

First name(s) (in full)

Your address (where you are registered to vote)

Postcode

National Insurance number (you can find this on your payslip, P60, or on letters about tax, pensions or benefits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you cannot provide a National Insurance number, please tell us why.

Phone number (optional)

Email (optional)

2 How long do you want a postal vote for?

I want to vote by post in all elections I am entitled to vote in (tick one box only):

for the maximum period (up to three years)

to be held on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y		

for the period

from	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y	
to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y	

3 Address for ballot paper (only required if different from the address where you are registered to vote)

Please send my ballot paper to (address):

Postcode

The reason I would like my ballot paper sent to this address, rather than my registered address, is:

4 Your date of birth and declaration

Declaration: As far as I know, the details on this form are true and accurate.

I understand that to provide false information on this form is an offence, punishable on conviction by imprisonment of up to two years and/or a fine.

Date of birth: Please write your date of birth in the boxes below using black ink.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y		

Signature: Sign below using black ink, keeping within the grey border.

If you are unable to sign this form, please contact your local electoral registration office.

5 Date of application

Today's date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y		