

Only one person for each form. Please read the notes carefully before filling in this form. If you need help completing it please phone (01789) 260209. Please write in **BLACK INK and BLOCK CAPITALS.**

1 Current address

Date you moved in

Day

Month

Year

2 About you

First name(s) (in full)

Surname

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

If you are a European Union citizen (other than British or Irish), state which country you are from.

If you are 16 or 17 years old please give your date of birth.

Day

Month

Year

Tick here if you are over 69 years old.

Tick here if you **do not** want your name to be included on the edited register, which is available for general sale.

Daytime telephone, mobile number or email

You do not have to give this information, but it may help us to contact you if there is a query about this form.

3 Other information about you

Address where you were previously registered to vote

Previous local council (if known)

4 Absent voting

Please tick the box if you would like a postal vote application sent to you

Please tick the box if you would like a proxy vote application sent to you

5 Your declaration

Please read the following statement carefully as you can be fined for making a false statement.

As far as I know, the details on this form are true and accurate. I am a British citizen, a citizen of another Commonwealth country, a citizen of the Republic of Ireland or a citizen of another European Union country. I am currently living at the address shown in part 1.

Signature - Please sign in the box below within the border using BLACK INK

Date