

# Application Form to Vote by Proxy for a Particular Election

Please complete in **BLACK INK and BLOCK CAPITALS** and return to Electoral Services, Wiltshire Council, County Hall, Bythesea Road, Trowbridge, Wiltshire BA14 8JN. If you need help filling in this form please phone 0300 456 0112

## Address where you are registered to vote

## Who do you want to vote on your behalf?

Name (in full)

Address

Relationship to you (if any)

## About you

First name(s) (in full)

Surname

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

## Proxy vote for which elections?

All elections you are entitled to vote at   
If you require a proxy vote for a specific election type, ie Local only or Parliamentary Only, please contact Electoral Registration Services.

For election(s) 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"/>
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Day

Month

Year

## Your Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day

Month

Year

## Reason for this application

## Proxy's Declaration (optional)

I am capable and willing to be appointed to vote as the applicant's proxy

**Signature:**

**Date:**

## Your Declaration

As far as I know, the details on this form are true and accurate. I have asked the person named above who is willing and able to vote for me as my proxy

**Signature:** (must be signed by the elector only) Keep within the border and use **BLACK INK**.

I cannot supply a signature because of:

- disability
- inability to write

**Date:**

**Tel No (optional):**

## Have you had help completing this form?

Name and Address of helper