

# Wiltshire Electoral Services

## ▶ 'Emergency' Application to vote by proxy

Please use black ink and BLOCK CAPITALS.

Please read all notes before completing this form.

### 1 Address where you are registered to vote

### 5 Reason for application

### 2 About you

Please give details of your physical incapacity:

\_\_\_\_\_

\_\_\_\_\_

Please give the date and time this happened:

\_\_\_\_\_

Please complete your name(s) in full

First name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

### 6 Proxy vote for which elections?

### 3 Your Date of Birth

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

For election(s) on

Day     Month     Year

Day     Month     Year

### 7 Proxy declaration

### 4 Your Declaration

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

Proxy's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Day / Month / Year

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: Keep within the border and use BLACK INK.**

\_\_\_\_\_

### 8 Proxy details

Please complete your proxy's details as fully as possible

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I cannot supply a signature because \_\_\_\_\_

Date: \_\_\_\_\_

Family relationship (if any): \_\_\_\_\_

# Wiltshire Electoral Services

## Emergency Application to vote by proxy

### 9 Support for this application

To be completed by the Supporter as fully as possible

Name of Supporter:

Address of Supporter:

Qualification of support:

Date of Elector's Physical Incapacity:

Day / Month / Year

### 10 Supporter's declaration

- \* I am properly qualified to support this application.
- \* I am treating the applicant for the physical incapacity, or the person is receiving care from me in respect of that physical incapacity.
- \* The person cannot reasonably be expected to go in person to the allotted polling station or to vote unaided there by reason of that incapacity.
- \* The information is true to the best of my knowledge and belief and the person's physical incapacity occurred on the date I entered in section 6.

Supporter's signature:

Date:

Day / Month / Year

### Please return this form to

Where to send your completed application

Electoral Services  
Wiltshire Electoral Services  
Monkton Park  
Chippenham  
Wiltshire

### For Office Use Only

Please do not write in the space below

### Notes

**This application must only be used if you became physically incapacitated and are applying after 5pm on the sixth day before the particular poll date entered in section 5.**

**Section 1** Your address on the Register of Electors

**Section 2** Your first name(s) and surname

**Section 3** Your date of birth – if not completed, an absent vote cannot be granted

**Section 4** You must sign and date this section otherwise your application will be rejected

**Section 5** Give the details of your physical incapacity

**Section 6** The date of the election for which you are applying

**Section 7** Your proxy may sign this section but the proxy application can be allowed without

**Section 8** Name and address of your appointed proxy, along with your family relationship to your proxy, if applicable

**Section 9** To be completed by a registered medical practitioner, a registered nurse or Christian science practitioner. If you are in a residential home or sheltered housing, the matron, home care director or warden may support your application

**Section 10** Your supporter must sign and date this section otherwise the application will be rejected

- Your Proxy must be eligible to vote in the type of election concerned although s/he need not be currently registered as an elector
- A person may not act as proxy for more than two electors, including you, unless s/he is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter