

EMERGENCY APPLICATION TO VOTE BY PROXY

Only ONE form per person. Please read the notes carefully before completing this form. If you need help filling in this form please phone 01432 260107/01432 260191.

Please write in BLACK INK and use BLOCK LETTERS

1. Address where you are registered to vote

2. About you

First name(s) (in full) _____

Surname _____

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

Daytime or mobile telephone or email (Optional) _____

3. Reason for application

Please give details of your physical incapacity: _____

Please give the date and time this happened: _____

4. Proxy Vote for which elections

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

For election(s) on

Day Month Year

5. Proxy details and declaration

First name(s) (in full) _____ Surname _____

Address _____

Relationship to you (if any) _____

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

Proxies signature _____

6. Your 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.

Date of Birth (e.g. 02 05 1965)

<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

Please SIGN in the box below using BLACK ink

Important - keep signature within the border.
If you fail to do this, this application may not be valid.

Date of signing _____

NOW COMPLETE SECTION 7 OVERLEAF, GIVING THE REASON FOR YOUR APPLICATION

7. Supporter's Declaration

- * I am properly qualified to support this application.
- * I am treating the applicant for the physical incapity, or the person is receiving care from me in respect of that physical incapity.
- * The person cannot reasonably be expected to go in person to the allotted polling station or to vote unaided there by reason of that incapity.

The informataion is true to the best of my knowledge and belief and the person's incapacity occured on the date entered.

Supporter's signature: _____

Date: _____

8. Support for this application

To be completed by the Supporter as fully as possible

Name of Support: _____

Address of Support: _____

Qualification of Support: _____

**Date of Elector's
Physical Incapcity:** _____

Notes:

Please make sure that the following details have been completed correctly before returning this application form.

- Section 1 - Your name and address on the Register
- Section 2 - Your name(s) and surname
- Section 3 - Your reason for the application
- Section 4 - Date of the election of which you are applying
- Section 5 - Your Proxies details and declaration
- Section 6 - Your declaration (signature and date of birth)
- Section 7 - Your supporter must sign and date this section otherwise the application will be rejected
- Section 8 - 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