

Wychavon District Council



'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

2 About you

Please complete your name(s) in full

First name(s):

Surname:

3 Your Date of Birth

Day

Month

Year

4 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: Keep within the border and use BLACK INK.

I cannot supply a consistent signature because (medical reason)

Date:

5 Reason for application

Please give details of your physical incapacity:

Please give the date and time this happened:

6 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

7 Proxy declaration

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

Proxy's signature:

Date:

Day / Month / Year

8 Proxy details

Please complete your proxy's details as fully as possible

Name:

Address:

Family relationship (if any):

Continued.....

Wychavon District Council

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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
Wychavon District Council
Civic Centre
Queen Elizabeth Drive
Pershore
Worcs

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, a registered dentist, a registered