

For Office Use	Polling District :
----------------	--------------------

<b>Electoral Shared Services</b>  Bromsgrove District Council www.bromsgrove.gov.uk	 www.redditchbc.gov.uk	Representation of the People Acts European Parliamentary Elections Act <h1>Voter Registration Form</h1>
---	--	---

Please complete **ONE** form for each person applying. If you require more forms, please photocopy this form or contact the Electoral Registration Officer for more. Please use CAPITAL LETTERS

<b>Your Name</b>	
<b>Surname</b>	<b>First Names (in full)</b>
Citizenship – If you are a European Union Citizen (other than British or Irish) please state which country	
I am a citizen of	
If you are 16 or 17 please give Date of Birth                    /                    /	<u>Jury Service</u> : 70 or over tick box <input type="checkbox"/>

<b>Your Present Address</b>	I apply to be registered at the following address, at which I am now living
_____	
_____	
Post Code _____	

<b>Your Former Address</b>	I was living at the following address. I no longer live there.
_____	
_____	
Post Code _____	
Local Council for your old address (if known) _____	
We will inform the Electoral Registration officer for your previous address that you have moved from, so that your name can be removed from that register. If you do not want to be taken off the register from your old address, please explain why:	

<b>Which Register</b>	I apply for my name to be excluded from the edited register <input type="checkbox"/> Tick box if appropriate
Please see enclosed letter for details of the two version of the register (the full register and the edited register)	

<b>Your Signature</b>	Each person has to sign his or her form. If it is not signed, the form will be sent back to you. It is an offence to make a false statement on this form; the maximum fine is £5,000.
Signed: _____	Dated: _____
Please provide the following information so that we can contact you if there is something that is not declared on this form. This information is not essential and will not be disclosed to anyone.	
Daytime phone number: _____ e-mail address: _____	

<b>Absent Voting</b>	
Tick here to receive information on voting by Post	<input type="checkbox"/>
Tick here to receive information on voting by Proxy (someone else voting on your behalf)	<input type="checkbox"/>

Please return this form to : **Electoral Shared Services, Bromsgrove District Council, The Council House, Burcot Lane, Bromsgrove, B60 1AA**