



Single Election Proxy Vote Application

Full Name

Address

Postcode

Please give your contact telephone numbers:

Home:

Work:

Mobile:

This application is for the election(s) to be held on

Please explain why you are not able to go to your polling station on election day.....

.....

Your Proxy Details	Surname: Forenames:
	Address:
	Post Code: Relationship to you (if any):

Please indicate if any of the conditions below apply, as you may not be required to provide a signature if you:

- a) Have a disability that prevents you from signing.....
- b) Are unable to read or write.....
- c) Are unable to sign in a consistent and distinctive way because of a disability or inability.....

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Return to:

Cornwall Council
Electoral Services
St Austell One-Stop Shop
39 Penwinnick Road
St Austell
PL25 5DR

If you have any questions regarding this form, please contact the Electoral Registration Office on:

0300 123 1115

voter-registration@cornwall.gov.uk

Your Date of Birth: Please enter your date of birth in the boxes below in a DD MM YYYY format, writing clearly **within the borders** of the boxes, using a **black pen**.

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Your Signature: Please sign your normal signature within the box below, **without crossing the shaded grey area**, using a **black pen**.

Today's Date:/...../.....