



How do I apply to vote by proxy?

- 1** You must ask someone you know to be your proxy and vote on your behalf. Please note that a person can only be the proxy for close relatives and up to two other people at the same election.
- 2** Fill in the proxy vote application form. You must give a reason why you need to vote by proxy. You must get a qualified person to sign your application.
- 3** Make sure **you** complete all sections of the form and supply your date of birth and signature.
- 4** Return your form as soon as possible to the address shown below.

The Electoral Registration Officer
Council Offices, Church Walk
Clitheroe
Lancashire
BB7 2RA

Please **do not** return your form to the Electoral Commission. **Please note:** this form can only be used after the **sixth day** before an election and must arrive at your electoral registration office before **5pm** on the day of the election.

Voting by proxy

If you have had a medical emergency that took place 6 days before an election or less, you can apply to vote by emergency proxy (someone else voting on your behalf). You can apply up until 5pm on election day. But, you must be registered to vote first.

Who can support my application?

- a registered medical practitioner, including a dentist, optician, pharmacist, osteopath, chiropractor and psychologist
- a registered nurse
- a Christian Science practitioner
- a registered health professional
- a registered social worker
- a registered mental health manager or their representative
- if you live in a residential care home, the person registered as running that home
- if you live on premises provided for people of pensionable age or disabled persons, the warden of those premises

What happens after I've returned this form?

- Your proxy must go to **your** polling station to vote on your behalf.
- You must tell your proxy how you want them to vote on your behalf, for example, which candidate or which party.
- Your local electoral registration office will tell your proxy when and where to vote on your behalf.
- You will need to give your date of birth and signature on this application form. This information is needed to tackle fraud.

More information

If you have any questions about voting by proxy, go to www.aboutmyvote.co.uk or contact your electoral registration office.

In England and Wales, the electoral registration office is based at your local council. In Scotland, it may be a separate office. For contact details, go to www.aboutmyvote.co.uk or look in your phone book.

This form does not apply in Northern Ireland. Visit www.electoralofficeni.gov.uk for more information.



Application to vote by emergency proxy



Only one person can apply using this form. Write in black ink and use **BLOCK LETTERS**. When you have filled in every section and signed the form yourself, send it to your local electoral registration office. You can get the address at www.aboutmyvote.co.uk or in your phone book.

1 About you

Surname

First names (in full)

Your address (where you are registered to vote)

Postcode

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You do not have to give the following information but it will help us to contact you if there is a query about your form.

Daytime telephone or mobile number

E-mail address (optional)

2 At which election do you want a proxy vote?

I want to vote by proxy at the election(s) held on:

	D		M					Y	

3 Why do you want a proxy vote?

I cannot vote in person at this election due to the following disability:

4 When did you become disabled?

Time

Date

	D		M					Y	

5 Support for this application

Read the notes to see who can support this application. Please ask the person who is supporting your application to give their name, address and position.

Supporter's full name

Supporter's address

Postcode

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Supporter's position

6 Supporter's declaration, signature and date

To the best of my knowledge and belief, the applicant is suffering from the disability given in the application and is not able to go to the polling station on election day or vote there unaided.

The applicant became disabled on:

	D		M					Y	

Signature

Date

	D		M					Y	



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7 About your proxy

Full name _____

Relationship to you (if any) _____

Full address _____

Postcode _____

8 Your date of birth and signature

I have asked the person I have named as my proxy and confirm that he/she is willing and able to be appointed to vote on my behalf.

Please write your date of birth 'DD MM YYYY' in the black boxes below. Then sign, **using black ink**, keeping within the grey border. This application cancels any proxy voting arrangements you may have made before.

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Declaration: As far as I know, the details on this form are true and accurate.

Today's date _____

D M Y

For office use only

Polling district: _____

Date received: _____

Elector number: _____

Date added: _____