

North Lincolnshire Council

Application to vote by proxy for Employment/Medical Emergency

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 signature because _____

Date: _____

5 Reason for application

Please give details:

6 Proxy vote for which elections?

All elections you are entitled to vote at

Local elections

Parliamentary or Assembly elections

For election(s) on

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.....

North Lincolnshire Council

Emergency Application to vote by proxy

9 Support for this application

To be completed by the Supporter as fully as possible

Name of Supporter:

Address of Supporter:

Qualification of support:

10 Supporter's declaration

* I am properly qualified to support this application.

* 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.

Supporter's signature:

Date: Day / Month / Year

Please return this form to

Where to send your completed application

North Lincolnshire Council
Electoral Services
Church Square House
30-40 High Street
Scunthorpe
North Lincolnshire
DN15 6NL

For Office Use Only

Please do not write in the space below

Notes

This application must only be used if you became physically incapacitated or cannot attend the poll station for work reasons 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 reason for an emergency proxy.

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 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. To be completed by an employer if this form is for work reasons.

Section 10 Your supporter must sign and date this section otherwise the application will be rejected

- Your Proxy must be eligible to vote in the type of election concerned although s/he need not be currently registered as an elector
- A person may not act as proxy for more than two electors, including you, unless s/he is the husband/wife, parent, grandparent, brother, sister, child or grandchild of the voter