

For office use	
Polling District Ref :	
Property Ref :	

Representation of the People Acts

Rolling Registration Form

Please fill in this form using **BLOCK CAPITALS** and return to Electoral Services, Civic Centre, Newcastle upon Tyne, NE99 2BN. Each person must fill in a separate form. You can photocopy this form if necessary, further copies are also available from the above address or telephone (0191) 277 7100 Fax (0191) 2115149

1		About you	
Surname			
First names in full			
Present Address			
If you are a European Union Citizen (other than British or Irish Republic) please give details of which country			
Age (please tick box)		If you are either 16 - 17 or 68 - 69	
18 or over	<input type="checkbox"/>	70 or over	<input type="checkbox"/>
		years old please give your date of birth	
		Day	Month
		<input type="text"/>	<input type="text"/>
		Year	
		<input type="text"/>	

2		Opt Out	
1. The full Register of Electors lists everyone who is entitled to vote. It is available to check, under supervision, at the Civic Centre the Central Library and some local Libraries. It is also used by other organisations for prevention and detection of crime and checking your identity when you apply for credit. The law says who can have a copy of the full register and what it can be used for.			
2. The Edited Register is available for sale to anyone who requests a copy and can be used for any purpose. If you do not want your name to be sold onto anyone please place a tick in the box below.			
I would like to Opt out of the Edited Register		<input type="checkbox"/>	

3		Previous Address (if you moved within the last 12 months)	
		Post Code	
Please give the name of the Council for your old address (if known). We will let your previous electoral registration officer know that you have moved so that your name can be taken off that Register.			

4		Postal Voting	
If you would find it more convenient to vote by post please also complete the postal vote application form attached. Ballot papers will be sent to this address for all elections until Electoral Services are informed that it is no longer required.			
If you would like the ballot paper sent to a different address, or would like to appoint someone to vote on their behalf (a proxy), please contact Electoral Services for the appropriate form.			

5		Your Signature (Each person has to sign his or her own form)	
As far as I know, the details on this form are true and correct. I am over 16, a British citizen, a citizen of another Commonwealth country, a citizen of the Republic of Ireland or a citizen of another member state of the European Union.			
Signed		Dated	

*Daytime phone number		*Email Address	
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(*You do not need to give this information, but it helps us to contact you if there is anything unclear about this form)

PD	
Elect. No.	

POSTAL VOTE APPLICATION

1. About you

Surname: _____

Forename(s): _____

Address: _____
 _____ Postcode _____

Daytime Telephone Number: _____

Email Address: _____

2. About your application

Type of Vote: **Postal**

Valid Until: **Permanent**

If you only require a temporary Postal Vote, please ring Electoral Services on 0191 277 7100

3. Address for Ballot Paper

If you wish your postal vote to be sent to an address **OTHER** than the registered address shown above, please give the address here and a brief reason as to why you have requested this:

Address: _____
 _____ Postcode _____

Reason: _____

4. If you are not able to provide a signature

Please contact Electoral Services on **0191 277 7100**.

5. Date of Birth:

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

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				1	9		

6. Signature

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

Today's Date