

Declaration of Local Connection - Mental Health Patient

Please complete this form using CAPITAL LETTERS.

1 About you

Surname (family name)

Other names (in full)

Citizenship - I am a citizen of

If you are a European Union citizen (other than British or Irish) please state which country.

Age (please tick box) 18 or over 70 or over

If you are 16 or 17 please give your date of birth - If you are 68 or 69 please give your date of birth -

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I used to live at the following address, but I no longer live there:

2 Your old address

Post Code:

If you know it, please give the name of the Council for your old address:

3 Where you live now and where you want to be registered to vote

I am a mental health patient at (address of hospital or other place)

Post Code:

I am not detained because of any criminal offence (please tick box if applicable)

I wish to register as an elector for *the hospital or place shown above *my old address (as above)

*the place where I would be living if I were not a patient That address is:

*tick one box

Post Code:

4 Address where we can contact you

(where we can write to let you know you have been registered, to send your poll card, etc.)

*Please send all correspondence to

Post Code (if known):

*From time to time I will collect any correspondence from your office at:

*tick one box

5 Your signature

Each person has to sign his or her own 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 £1,000.

As far as I know, the details on this form are true and correct. I am a British, Commonwealth, Irish or citizen of another European Union country.

Signed:

Date:

6 Please return to:

The Electoral Registration Officer