

FOR OFFICE USE	
Polling District	Elector No.

Declaration of local connection

Voter registration form for mental health patients

Only **one** person per form please. If more forms are needed, please photocopy, contact Electoral Services or visit the website www.lbhf.gov.uk Please use **BLOCK LETTERS**.

1 About you

Surname

First names (in full)

Citizenship

I am a citizen of

You are a citizen of the country which has (or would) issue a passport

Your age (tick box)

18 or over

If you are 16 or 17, please give your date of birth

70 or over

2 Your old address

I was living at the following address. I no longer live there.

Postcode

Parliamentary constituency or council area (if known) of your old address

3 Where you live now and where you want to register

I am a mental health patient at (address of hospital or establishment).

I am not detained because of criminal activity.

Postcode

I wish to register as an elector for (tick one box)

The hospital or establishment shown above

Where I used to live (shown in part 2) before I was a patient

Where I would be living if I was not a patient

The address of that place is

Postcode

4 Address for correspondence

(tick one box)

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

Please send all correspondence to

Postcode

From time to time, I will collect my correspondence from the Electoral Services Office at Hammersmith Town Hall

5 Your signature

The fine for false information is up to £1000. Each person has to fill in and sign their own form. The form will be returned if it is not signed.

As far as I know, the details on this form are true and accurate. I am a British, Commonwealth, Irish or European citizen

Signed

Date

**Please return to : Electoral Services, Room 28
Hammersmith Town Hall, King Street, London, W6 9JU**

**Helpline
020 8753 4466**