

RP33  
**APPLICATION TO REGISTER / RENEW REGISTRATION  
AS THE SPOUSE OF A SERVICE VOTER**

**IMPORTANT:** Please read the accompanying notes before completing this form.

Please complete in **BLACK INK** and **CAPITAL** letters.

This form **will not be accepted** unless **all relevant sections** are fully completed and the form is signed. Each person must complete a separate form. If another form is needed, please contact the Area Electoral Office.

WARD

ENO

**1. Personal details**

Your surname

Your forename(s)

Your spouse's surname

Your spouse's forenames

Present Service address

Postcode

Contact tel no. (optional)

**2. Your spouse's service details**

Rank/rating

Service number

Service (RN, Army, RAF)

Regt./Corps (Army only)

**3. Change of surname** (If you have changed your surname within the past two years, please give your previous surname).

**4. Qualifying address or address where you are currently registered to vote** (If different from your present address).

**5. Other residences** (Please state any other address in the United Kingdom where you are or have applied to be registered to vote eg family home, holiday home, lodgings).

**6. National insurance number** (Please see Note 6)

I declare that I do not have a national insurance number.

Signature

**7. Date of birth** (DD/MM/YYYY)

**8. Method of voting** (Please complete overleaf)

**9. Edited register** (Please see Note 9 )

Do you wish your name to be **excluded** from the "edited" register? If so please tick box.

**10. Declaration - I declare that:**

- (a) I am a British or Irish citizen, a Commonwealth citizen or a citizen of a member state of the European Union.
- (b) I live or have lived at the UK address given in Section 4 above. The address in Section 4 is (tick appropriate box):  
where I live now  where I would live permanently if not in the services  where I have previously lived
- (c) I wish my registration as a Service voter to continue for three years from the date on which my name is included in the Revised Register of Electors at the address detailed in Section 4.
- (d) The information I have given is true and accurate.

**You must sign this form at 10(e) unless it is not reasonably practicable for you to sign in a consistent and distinctive way because of any incapacity or because you are unable to read. If you are unable to sign the form, you must ask someone on your behalf to state the reason at 10(g) and to attest that the information given is correct.**

**(e) Signature**

(This box must be signed **PERSONALLY** by the elector. Please place signature in box below).

Signature .....

(f) Date

(g) I am unable to sign this form because:

Signature of attester

Name of attester

Address

**APPLICATION TO REGISTER / RENEW REGISTRATION AS THE SPOUSE OF A SERVICE VOTER**

**METHOD OF VOTING**

(Please complete appropriate section)

**(a) Postal vote**

I wish to continue to have a postal vote.

The address for my postal vote is:


Postcode

**or**

**(b) Proxy vote**

I wish to vote by proxy.

The **name** and **full address** of my proxy is:


Postcode

I have consulted the person named above and confirm he/she is willing to be appointed to vote on my behalf.

Signed

Date

**THE ABOVE ADDRESSES MUST BE IN THE UNITED KINGDOM**

Please return the completed form to: