



# Application for mobile voting

Last Name:

First Names:

Phone Number:

Any name used previously:

Date of Birth:

On polling day I will be:

- A resident of Nauru Correctional Centre  
OR
- A patient in RON Hospital  
OR
- In my home and I have attached a Doctor's Certificate to support my application.

Home Address:

..... Dated: | | 2019  
*Signature of Voter*

### Office Use only

Date received in office: | | 2019 Voter on Roll

ID Number:  Added to mobile polling register list

Registered District:  Voter not on roll

Processing Officer:  Sent Rejection letter

Date: | | 2019

