



Application for Early Voting

Last Name:

First Name:

Any name(s) used previously:

Date of Birth:

Phone Number:

Email address:

On polling day I will be either: *(Tick one box)*

Overseas during the hours of polling
(must have current ticket or travel itinerary showing that you will be away)

Observing my faith
(Must appear on list of worshippers provided by your church)

Unable to leave work
(Letter from employer required)

Approaching maternity
(Doctor's certificate required)

Ill or infirm
(Doctor's certificate required)

Will be in hospital
(Doctor's certificate or admission forms)

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

Office Use only

Date received in office: | | 2019

Voter on Roll

Registered District:

Voter not on roll

Voter advised

Flight information copied

Found on Church List

Voter did not satisfy criteria

Voter advised

..... Dated: | | 2019
Processing Officer