



Electoral registration form

Please return completed forms to: The Chief Executive, States of Alderney, FREEPOST GU224, Alderney GY1 5FS

1. About you

Surname	First names (in full)	Date of birth (optional)	Date of arrival in Alderney (optional)
(1)			
(2)			
(3)			
(4)			
Address			

Note: Optional information will **not** be included on copies of the Electoral Roll made available for inspection, nor will it be disclosed to any other person.

2. Declaration

I hereby declare that:

- I have attained, or will attain by the 15th October in the year in which I apply for my name to be inscribed in the register of electors, the age of 18 years;
- I am not an alien;
- I am ordinarily resident in Alderney;
- I will have been ordinarily resident in Alderney throughout the 12 months preceding the 15th October of the year in which I apply for my name to be inscribed in the register of electors;
- I am not (age apart) subject to any legal disability; and
- I apply to have my name inscribed in the register of electors

Signature of applicant (1)	Signature of applicant (2)	Signature of applicant (3)	Signature of applicant (4)
Date:	Date:	Date:	Date:

For office use only

Date received:

Date added to database:

ALDERNEY ELECTORAL ROLL

*Please be assured that any optional information supplied on this form will **not** be included on copies of the Electoral Roll made available for inspection, nor will it be disclosed to any other person.*

**PLEASE RETURN COMPLETED FORM BY 15th OCTOBER of the year of
application to be included in the Electoral register
To: Chief Executive, States of Alderney, FREEPOST GU224, Alderney GY1 5FS**

Extra forms are available from the States General Office if required.