# Declaration of incapacity to vote

To be used by residential care homes only where residents clearly do not have mental capacity to vote and where the process of registration might cause distress

--

Name and address of Care Home

Download and personalise this form at:
[www.brighton-hove.gov.uk/voting-outreach](http://www.brighton-hove.gov.uk/voting-outreach)

To: The Electoral Registration Officer

 Brighton & Hove City Council

I am writing to inform you that the following persons resident at the residential care home (address above) do not have mental capacity to vote and should not be written to further in relation to voter registration:

|  |  |  |
| --- | --- | --- |
| First name | Surname | Date of birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I understand that Brighton & Hove City Council will only use the information provided for electoral purposes and they will look after personal information securely according to the Data Protection Act 1998.

I understand it is an offence to provide false information. The maximum penalty is six months in prison and/or a £5,000 fine.

Signed:

Position:

Please print name: