

REGISTER OF ELECTORS

Application for inclusion in the Supplement to the Postal Voters' List by persons with a Physical Illness or a Physical Disability

Please read the notes carefully before completing the form.

Part A - Particulars of Applicant

Name: (block letters)							
[Please include other details such as Snr., Jnr., other name or an initial if there is another person with the same first name and surname living at the same address.]							
Address: (block letters)							
Eircode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:							

Declaration and Application

I hereby declare that I am unable to go in person to vote at a polling station by reason of a physical illness or a physical disability **and that I am ordinarily resident at the above address.** I hereby apply to have my name entered in the supplement to the postal voters' list.

Signature or mark of Applicant:	
Witness (in case of mark):	
Date:	
Daytime/Mobile Phone Number:	
E-Mail:	

Part B - Medical Certificate

This part must be completed in the case of a first application and, in the case of subsequent applications, where required by the registration authority.

I hereby certify that the above named applicant has a physical illness or a physical disability, the nature and extent of which are as follows: _____

and for that reason will be unable to go in person to the polling station to vote. The physical illness or physical disability is likely to continue for: _____

Signature of Registered Medical Practitioner:	
Name of Registered Medical Practitioner: (block letters)	
Address: (block letters)	
Eircode:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date:	

NOTES TO FORM PVS1

Application for inclusion in the Supplement to the Postal Voters' List by persons with a Physical Illness or a Physical Disability

1. The purpose of this form is to facilitate voters who live at home, who are already on the current register of electors but not on the postal voters list and who, because of a physical illness or physical disability which is likely to continue throughout the period of the current register, wish to be included in the supplement to the postal voters list.

While there are no restrictions on when the form may be completed and sent to the registration authority, the latest date for receipt of an application by a registration authority is two days after the date of dissolution of the Dáil in the case of a general election and two days after the polling day order is made in the case of a Dáil bye-election in order to be considered for that election. In the case of a Presidential, European or local election or a Referendum an application must be received by the registration authority at least 22 days before polling day (not including Sundays, Good Friday or Public Holidays) in order to be considered for that election or referendum.

2. Under the Electoral Act 1992, as amended by the Electoral (Amendment) Act 1996, an elector with a physical illness or physical disability who is living at home may apply to his or her local registration authority to be included in the postal voters' list. An elector in this category is not eligible for entry in the special voters' list. An elector whose name is entered in the postal voters' list may vote **only by post** at an election or a referendum.

3. **Who can apply?**

If you are a person described at 1 above, you may apply for entry in the supplement to the postal voters' list.

4. **Who fills out the application?**

The application form is divided into two parts. The applicant must complete Part A of the form. In the case of a first application, Part B of the form must be completed by a doctor.

5. Where do I send the application form?

Completed application forms should be sent or delivered to your registration authority (City, County or City and County Council).

6. What happens next?

You will be notified by the registration authority of the decision on your application and, if it is refused, you will be given the reasons for the refusal.

7. Eircode

Eircode is the national postcode system for Ireland and comprises a unique 7-digit postcode which has been allocated to every address in Ireland.

8. Contact details

Your contact details are being sought in case the registration authority needs to contact you to clarify any details of the application.

9. It is an offence to fail to give the registration authority any information required for the purpose of their duties or to knowingly give false information.