

REGISTER OF ELECTORS

Application for inclusion in the Supplement to the Special Voters List

Please read the notes carefully before completing the form.

Part A - Particulars of Applicant

Name: (block letters)								
Address: (block letters)								
Eircode:	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px; margin: 2px;"></td> </tr> </table>							
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 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 special voters list.

Signature or mark of Applicant:	
Date:	
Witness (in case of mark):	
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 SVS 1

Application for inclusion in the Supplement to the Special Voters List

1. The purpose of this form is to facilitate voters with a physical illness or physical disability who are ordinarily resident in a hospital, nursing home or similar institution, who are already on the current register of electors and who wish to be included in the supplement to the special 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. **Method of Voting**

At an election or referendum, a ballot paper will be delivered to each person on this list by a special presiding officer accompanied by a member of the Garda Síochána. Having made a declaration of identity, the elector will mark his or her ballot paper in secret and place it in a sealed envelope, which the special presiding officer will convey to the returning officer for the constituency. The returning officer will deal with it in the same manner as he or she deals with ballot papers returned by postal voters.

3. **Who can apply?**

If you are a person described at 1 above but you are not included in the special voters' list, you may apply for entry in the supplement to the special voters' list.

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

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 medical doctor.

5. Where do I send the application form?

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

6. 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.

7. Contact details

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

8. 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.

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.