

## REGISTER OF ELECTORS

### Application for inclusion in 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: <b>(block letters)</b>							
[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: <b>(block letters)</b>							
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:							
<b>Edited Register:</b> If you wish to be <b>excluded</b> from the edited Register, please tick (✓) the opt out box:							Opt out box <input type="checkbox"/>
Please tick (✓) <b>one box only</b> to indicate whether you are:							
• a Citizen of Ireland	<input type="checkbox"/>	• a British citizen	<input type="checkbox"/>				
• a national of another EU Member State (other than UK)	<input type="checkbox"/>	• a national of a non-EU country	<input type="checkbox"/>				

#### 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 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: <b>(block letters)</b>	
Address: <b>(block letters)</b>	
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 PV 1

### **Application for inclusion in 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 and who, because of a physical illness or physical disability which is likely to continue throughout the period of the register coming into force on the following 15 February, wish to register as a postal voter. The form is for use in the period 15 February to 25 November each year in respect of the register of electors coming into force the following 15 February.
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?**  
You may apply for inclusion in the postal voters list if you are living at home and you are unable to go in person to vote at a polling station by reason of a physical illness or a physical disability which is likely to continue for the duration of the register of electors in respect of which the application is made.
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. Part B must also be completed by a doctor in the case of a second or subsequent application, if required by the registration authority.
5. **Where do I send the application form?**  
Completed application forms must reach your registration authority (City, County or City and County Council) by 25 November in any given year if the application is to be considered for the postal voters list coming into force on the following 15 February.

**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. Edited Register - Two versions of the Register**

Registration authorities are required to publish two versions of the register - the full register and the edited register. The full register lists everyone who is entitled to vote and can only be used for an electoral or other statutory purpose.

The **edited register** contains the names and addresses of persons whose details can be used for a purpose other than an electoral or other statutory purpose e.g. for direct marketing use by a commercial or other organisation. If you do not want your details to be included on the edited register, you should tick (✓) the **opt out box** at section 9 of the form. If you want your registration details to be included (i.e. available for non-statutory uses), you should leave the opt out box blank.

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