

## APPLICATION FOR ENTRY IN THE SPECIAL VOTERS LIST PLEASE READ THE NOTES BEFORE COMPLETING THE FORM

PART A – PARTICULARS OF APPLICANT	
Name (BLOCK LETTERS)	
Address (BLOCK LETTERS)	
Date of Birth	
	son to vote at a polling station by reason of a <b>that I am ordinarily resident at the above</b> entered in the special voters list.
Signature or mark	PREVIOUS/HOME ADDRESS
Date	
Witness (in case of mark)	
THIS PART MUST BE COMP APPLICATION AND IN THE CAS	ICAL CERTIFICATE PLETED IN THE CASE OF A FIRST SE OF SUBSEQUENT APPLICATIONS, IE REGISTRATION AUTHORITY
I hereby certify that the above named appl disability, the nature and extent of which a	- · · · · · · · · · · · · · · · · · · ·
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 Practition	ner
Address	
D .	

## THE SPECIAL VOTERS LIST PLEASE READ THESE NOTES BEFORE COMPLETING THE FORM

Under the Electoral Act, 1992, amended by the Electoral (Amendment) Act 1996, an elector with a physical illness or disability **who is ordinarily resident in a hospital, nursing home or similar institution** may apply to his/her local registration authority to be included in the special voters list. At an election or referendum, a special presiding officer accompanied by a member of the Garda Siochana will deliver a ballot paper to each person on the list. Having made a declaration of identity, the elector will mark his/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/she deals with ballot papers returned by postal voters.

Who can apply? You may apply for inclusion in the special voters list if you are living in a hospital, nursing home or similar institution and you are unable to go in person to vote at a polling station by reason of a physical illness or physical disability which is likely to continue for the duration of the register of electors in respect of which the application is made.

**Who fills out the application?** The application is divided into two parts. The applicant must complete Part A of the form. In the case of the first application, Part B of the form must be completed by a doctor. Part B must be completed in the case of a second or subsequent application, if required by the registration authority.

Where do I send the application form? Completed application forms must reach your registration authority *not later that 25<sup>th</sup> November*. A stamp is required to send the form by post. If you live in the city of Cork, Dublin, Galway Limerick or Waterford send or deliver to the City of Town Hall. Otherwise send or deliver it to the head office of the County Council.

What happens next? You will be notified by the registration authority if the decision ln your application and, if it is refused, you will be given reasons for the refusal.

## Please note that:

- **i.** Your application cannot be processed for the special voters list which will come into force on the 15<sup>th</sup> February next if not received by the 25<sup>th</sup> November.
- **ii.** Your application will be deemed to be withdrawn if you fail to furnish any additional information or documents required by the registration authority within the period specified by the authority;
- **iii.** It is an offence to apply for entry in the special voters list in the name of another person or knowingly to give false or misleading information in relation to an application.

COMPLETED APPLICATION FORM SHOULD BE RETURNED TO: FRANCHISE SECTION, WICKLOW COUNTY COUNCIL, COUNTY BUILDINGS, WICKLOW BY 25<sup>th</sup> NOVEMBER