

REGISTER OF ELECTORS

Application for inclusion in 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:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:							
Edited Register: If you wish to be excluded from the edited Register, please tick (✓) the opt out box:							Opt out box <input type="checkbox"/>
Please tick (✓) one box only 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 physical disability **and that I am ordinarily resident at the above address.** I hereby apply to have my name entered in 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"/> <input type="text"/>
Date:	

Return form to: Kilkenny County Council, County Hall, John Street, Kilkenny, Register of Electors Section.

Email: corporate@kilkennycoco.ie

Telephone: 056-7794187