

APPLICATION FOR INCLUSION IN SUPPLEMENT TO 2015/2016 REGISTER OF ELECTORS**CHANGE OF ADDRESS**

PLEASE READ THE NOTES OVERLEAF CAREFULLY BEFORE COMPLETING THE FORM

1. 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].

2. Current address (**BLOCK LETTERS**): _____

3. Previous Address (**BLOCK LETTERS**): _____

4. When did you take up residence at No. 2 above: _____

5. Phone numbers: (H): _____ (O): _____ (Mob): _____

6. Please state your date of birth: _____

7. Please tick (Ö) one box only to indicate whether you are:

a Citizen of Ireland ☐ A British citizen ☐

a National of another EU State (other than UK) ☐ A National of non-EU country ☐

8. **Change of address**

I hereby authorise (name of registration authority) _____ City/County Council to delete my name from the register of electors in respect of the address at (3) above and to forward this form to the appropriate registration authority* for the address indicated at (2) above.

9. Do you wish your registration details to be available for use for a purpose other than electoral or other statutory use?

(See Note 4). Please tick(Ö). YES ☐ NO ☐

10. **Declaration**

This section must be signed in the presence of a member of the Garda Síochána at your local Garda Station (section 11(a) – note 5) or in the presence of a Registration Authority Official (section 11(b) – note 5).

I believe the information I have supplied to be true and I apply to be included in the Supplement to the Register of Electors as a result of the change of residence indicated above.

Signature of Applicant: _____

Date: _____

*(Where the change of address is within a constituency from one local electoral area to another, the same registration authority will make the necessary change for the purpose of local elections)

11. **Certificate of Identity**

- (a) Please have this section completed at a Garda Station by a member of the Garda Síochána - see note 5.

I certify that I have satisfied myself as to the identity of the applicant who has signed section 10 in my presence or I certify that I have satisfied myself that the applicant who has signed section 10 in my presence is known to the immigration authorities in Ireland as:

_____ (first name) _____ (surname)

Signature of Garda: _____ Name (BLOCK LETTERS): _____ Rank: _____ Garda Number: _____ Telephone: _____ Date: _____	Station Stamp
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- (b) Please have this section completed **ONLY** if you are unable to comply with 11(a) above.

Reason why form could not be completed at local Garda Station:- _____ Signature of Registration Authority official: _____ _____ Name: (BLOCK LETTERS): _____ Grade: _____ Date: _____	Registration Authority Stamp
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- (c) Please have this section completed by a medical practitioner **ONLY** if you are unable to comply with 11(a) or 11(b) above due to physical illness or physical disability.

Medical Certificate

Nature and extent of physical illness or physical disability: _____ _____ Expected duration of illness or disability: _____ Signature of Registered Medical Practitioner: _____ Address: _____ Date: _____

SUPPLEMENT TO 2015/2016 REGISTER OF ELECTORS***CHANGE OF ADDRESS***

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM

1. A person who is on the register of electors and moves residence from one Dáil or local authority constituency to another can apply for entry to the supplement at their new address, provided they have authorised the registration authority to delete their name from the register in respect of their previous address.
2. To be included in the supplement following a change of address, you must be:
 - already on the register in respect of your previous address and;
 - ordinarily resident at the address at which you now wish to be registered.
3. A separate form must be completed and signed by each person applying for inclusion in the supplement as a result of a change of address. To avoid delay in processing your application, make sure to complete fully and return it by post or deliver it to the appropriate City or County Council (see part 8 of the application form)
4. **Two versions of the register**

Local authorities will publish two versions of the register – the edited register and the full register.

The edited register will contain the names and addresses of persons who have indicated that their details can be used for a purpose other than electoral or other statutory use, e.g. for direct marketing use by a commercial or other organisation.

The full register lists everyone who is entitled to vote and once an edited register has been published can only be used for an electoral or other statutory purpose.

If you want your details to be included in the edited register, you should tick (Ö) the YES box of the form. If you do not want the registration details to be available for non-statutory uses, you should tick the NO box.

If you do not tick the YES or NO box, it will be assumed that you do not wish your details to appear on the edited register.

5. **Declaration/Certificate of Identity**

- (a) The declaration at section 10 of the application form must be signed in the presence of a member of the Garda Síochána at your local Garda Station. If the Garda is satisfied as to your identity, they will sign, date and stamp section 11(a) of the form. If necessary, photographic identification may be required and you should bring some such identification and other supporting identification to assist the Garda.
- (b) If you are unable to attend your local Garda Station, the form may be witnessed at the offices of the Registration Authority and in such cases section 11(b) of the form must be completed. You must state, in writing, why you cannot attend your local Garda Station. Photographic identification and other supporting identification documentation should be brought to the Registration Authority.
- (c) If you cannot attend your local Garda Station or Registration Authority Offices due to physical illness or physical disability you must have section 11(c) of the form completed by a medical practitioner.

6. If you are applying after an election or referendum has been called, please note that the application must reach the City or County Council concerned **before the fourteenth day (Sundays, public holidays and Good Friday excluded) before polling day** in order to be considered for inclusion in the supplement for that election or referendum. Late applications will not be processed until after polling day.

7. You will be notified as quickly as possible of the ruling on your application. Where your application is refused, you will have the right to appeal against the ruling to the county registrar. The supplement will be published in the period immediately before the polling day at an election or referendum.

8. 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.

When complete, please return this form to:

Franchise Section
Wicklow County Council
County Buildings
Wicklow
Co Wicklow