

**REGISTER OF ELECTORS**

**Application for inclusion in the Supplement to the  
20\_\_/20\_\_ Register of Electors**

Please read the notes carefully before completing the form.

1.	Name: <b>(block letters)</b>	
2.	[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"/>
3.	Date of Birth:	
4.	When did you take up ordinary residence at the above address?	
5.	Where were you ordinarily resident immediately prior to your current 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"/>
6.	If you were ordinarily resident at any other address(es) since 1 September 20__ (besides those given at 2 and 5), please give details:	
	Eircode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.	Please tick (√) <b>one box only</b> to indicate whether you are:	
	• a Citizen of Ireland	<input type="checkbox"/>
	• a national of another EU Member State (other than UK)	<input type="checkbox"/>
	• a British citizen	<input type="checkbox"/>
	• a national of a non-EU country	<input type="checkbox"/>
8.(a)	Please tick (√) <b>one box only</b> to indicate whether you:	
	• were formerly registered as an elector	<input type="checkbox"/>
	• are currently registered as an elector	<input type="checkbox"/>
	• were never registered as an elector	<input type="checkbox"/>

8.(b)	If you are/were registered as an elector, please state address of registration: <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"/>

9.	<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"/>
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10.	<b>Declaration</b> This section must be signed in the presence of a member of the Garda Síochána from the applicant's local Garda Station (section 11(a)) or, if that is not possible, in the presence of a Registration Authority Official (section 11(b)), or if neither option is possible section 11(c) should be completed.  I believe the information I have supplied to be true and I apply to be included in the Supplement to the Register of Electors.	
	Signature of Applicant:	
	Date:	
	Daytime/Mobile Phone Number:	
	E-Mail:	

11.(a)	<b>Certificate of Identity</b> This section should be completed by a member of the Garda Síochána from the applicant's local Garda Station.  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 of Applicant: <b>(block letters)</b>	
	Surname of Applicant: <b>(block letters)</b>	

Signature of Garda:		Station Stamp
Name of Garda: <b>(block letters)</b>		
Rank:		
Garda Number:		
Telephone:		
Date:		

11.(b) This section should be completed **only** if you are unable to comply with 11(a) above.

Reason why form could not be completed by a member of the Garda Síochána from your local Garda Station:-


Signature of Registration Authority official:		Registration Authority Stamp
Name of Registration Authority Official: <b>(block letters)</b>		
Grade:		
Date:		

11.(c) This section should be 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:	
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"/> <input type="text"/>
Date:	

## NOTES TO FORM RFA 2

### Application for inclusion in the Supplement to the Register of Electors

1. The purpose of this form is to facilitate eligible voters who are not included in the current register of electors and who wish to be included in the supplement to the register of electors so that they can vote at elections and referendums taking place before the coming into force of the next register of electors.

While there are no restrictions on when the form may be completed and sent to the registration authority, only those forms received before the 14<sup>th</sup> day before polling day (excluding Sundays, Public Holidays and Good Friday) at an election or referendum, may be considered for entry onto the supplement for that poll. Late applications will not be processed until after polling day.

2. To be included in the supplement, you must be:
  - (a) 18 years of age (see note 3);
  - (b) ordinarily resident at the address at which you wish to be registered;  
and
  - (c) not already registered as an elector (except in the case of a change of address - see 10 below).
3. In relation to 2(a) above, a person will be eligible for entry in the supplement to the register on or after the day on which the person reaches eighteen years of age including such day that falls within the period beginning on the last day for the receipt of applications and ending on polling day. It would be of assistance in considering an application from a person reaching 18 years if the form is accompanied by a copy of a birth certificate or similar document.
4. A separate form must be completed and signed by each person applying for inclusion in the supplement. The form must be sent or delivered by the applicant directly to the registration authority. To avoid delay in processing your application, make sure to complete the form fully and return it by post or deliver it to the City, County or City and County Council for the area in which you live.

**5. 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.

**6. 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.

**7. 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 from your local Garda station. If the Garda is satisfied as to your identity, he or she will sign, date and stamp section 11(a) of the form. If necessary, photographic identification (e.g. passport, driving licence etc.) may be required and you should be able to present such identification and other supporting identification to assist the Garda.
  
- (b) If you are unable to proceed as at 7(a) above, 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 the form could not be completed by a member of the Garda Síochána from your local Garda Station. You should bring photographic identification and other supporting identification documentation to the registration authority.

- (c) If you are unable to proceed as at (a) or (b) above due to physical illness or physical disability you must have section 11(c) of the form completed by a medical practitioner.
8. 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.
  9. Your contact details are being sought in case the registration authority needs to contact you to clarify any details of the application.
  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.
  11. If you are on the register of electors and have moved residence from one Dáil constituency or local electoral area to another you may apply for entry to the supplement for the constituency/local electoral area for where you are now resident. **Do not use this form: a separate form is available from your registration authority for this purpose (Form RFA3 – Change of Address).**