

**APPLICATION FOR ENTRY IN THE POSTAL VOTERS LIST PV1
BY PERSONS WITH A PHYSICAL ILLNESS OR A PHYSICAL DISABILITY**

**IARRATAS AR IONTRÁIL I LIOSTA NA bPOSTVÓTÁLAI THE LE HAGHAIDH DAOINE LE MÍCHUMAS
NÓ TINNEAS COIRP**

PLEASE READ THE NOTES OVERLEAF BEFORE COMPLETING THE FORM
LÉIGH NA NÓTAÍ AR CHÚL, LE DO THOIL, SULA LÍONANN TÚ AN FHOIRM

**PART A - PARTICULARS OF APPLICANT
CUID A - SONRAÍ AN IARRATASÓRA**

NAME (Block letters): _____
AINM (Bloclitreacha) _____

ADDRESS (Block letters) _____
SEOLADH (Bloclitreacha) _____

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.

Dearbhaím leis so nach bhfuil mé in ann dul go pearsanta chun vótáil go dtí vótaíochta mar gheall ar mo thinneas coirp nó mo mhíchumas coirp agus go bhfuil gnáthchónaí orm ag an seoladh thuasluaite. Iarraim leis so go gcuirfí m'ainm ar liosta na bpostvótálaithe:

SIGNATURE OR MARK: _____
SINIÚ NÓ MARC: _____

DATE: _____
DÁTA : _____

WITNESS (in case of mark) : _____
FINNÉ (más marc a dhéantar): _____

**PART B - MEDICAL CERTIFICATE
CUID B - DEIMHNIÚ DOCHTÚRA**

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.
Ní foláir duit an chuid seo a chomhlánú I gcás an chéad iarratais agus, I gcás an chéad iarratais ina dhiaidh sin, ar achanainí an údaráis clárúcháin.

I hereby certify that the above named applicant has a physical illness or a physical disability, the nature and extent of which is as follows:
Deimhním leis seo go bhfuil an tinneas coirp nó an míchumas coirp seo a leanas ar an iarratasóir thuasluaite (cineál agus leitheadh):

and for that reason will be unable to go in person to the polling station to vote.
agus dá brí sin nach bhfuil cumas air/uirthi dul go pearsanta go dtí an áit vótaíochta chun vótáil.
The physical illness or physical disability is likely to continue for:
Is dócha go leanfaidh an tinneas coirp nó an míchumas coirp go ceann:

SIGNATURE OF REGISTERED MEDICAL PRACTITIONER: _____
SINIÚ AN LIACHLEACHTÓRA CHLÁRAITHE: _____

ADDRESS: _____
SEOLADH: _____

DATE / DÁTA: _____