

REGISTER OF ELECTORS

Application for inclusion in the Supplement to the Register of Electors Change of Address

Please read the notes 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)							
	Eircode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Previous 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"/>
4.	Date of Birth:							
5.	When did you take up residence at the address at (2) above?							
6.	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"/>				
7.	Change of address I hereby authorise (name of registration authority) _____ City/County/ City and County Council to delete my name from the register of electors in respect of the address at (3) above and, where appropriate ¹ , to forward this form to the registration authority for the address indicated at (2) above.							
	FOR OFFICE USE ONLY: Copy forwarded to _____ Council on _____ (date).							

¹ Where the change of address is being made within the same registration authority area (i.e. from one local electoral area to another or from one constituency to another in that registration authority area), that authority will make the necessary changes in its Register.

8.	Edited Register: If you wish to be excluded from the edited Register, please tick (✓) the opt-out box:	Opt out <input type="checkbox"/>
	If you wish to be included in the edited Register, please tick (✓) the opt-in box: <small>(if neither box is ticked it will be assumed to be an opt-out option)</small>	Opt in <input type="checkbox"/>

9.	Declaration This section must be signed in the presence of a member of the Garda Síochána from the applicant's local Garda Station (section 10(a)) or, if that is not possible, in the presence of a Registration Authority Official (section 10(b)), or if neither option is possible section 10(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 as a result of the change of residence indicated above.	
	Signature of Applicant:	
	Date:	
	Daytime/Mobile Phone Number:	
	E-Mail:	

10.(a)	Certificate of Identity 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 9 in my presence or I certify that I have satisfied myself that the applicant who has signed section 9 in my presence is known to the immigration authorities in Ireland as:	
	First name of Applicant: (block letters)	
	Surname of Applicant: (block letters)	

Signature of Garda:		Station Stamp
Name of Garda: (block letters)		
Rank:		
Garda Number:		
Telephone:		
Date:		

10.(b) This section should be completed **only** if you are unable to comply with 10(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: (block letters)		
Grade:		
Date:		

10.(c) This section should be completed by a medical practitioner **only** if you are unable to comply with 10(a) or 10(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: (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:							

NOTES TO FORM RFA 3

Application for inclusion in the Supplement to the Register of Electors - Change of Address

1. The purpose of this form is to facilitate voters who are on the register of electors but have moved to a new address, either within the same registration area or to a new registration area, and wish to be included in the supplement to the register of electors so that they can vote at elections or referendums, as appropriate, on the basis of their new residency.

While there are no restrictions on when the form may be completed and sent to the registration authority, only those forms received before the 14th 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. A person who is on the register of electors and moves residence from one Dáil constituency or local electoral area to another can apply for entry to the supplement at their new address, provided they have authorised the registration authority for their previous address to delete their name from the register in respect of the previous address. 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 it fully and return it by post or deliver it to the appropriate City, County or City and County Council - that is the Council on whose register of electors you are currently listed.

4. **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.

5. **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**. If you want your details to be included on the edited register, you should tick(✓) the **opt-in box**. If these boxes are left blank it will be assumed to be an opt-out option. i.e you will not appear on the edited register.

6. **Declaration/Certificate of Identity**

- (a) The declaration at section 9 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 10(a) of the form. If necessary, photographic identification 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 6(a) above, the form may be witnessed at the offices of the registration authority and in such cases section 10(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. Photographic identification and other supporting identification documentation should be brought 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 10(c) of the form completed by a medical practitioner.
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. Your contact details are being sought in case the registration authority needs to contact you to clarify any details of the application.
 9. 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.