

REGISTER OF ELECTORS

Claim for Correction in Draft Register of Electors

Please read the notes carefully before completing the form.

Section 1 - Additions

I hereby claim that the Draft Register should be corrected by the addition of the following person(s) who was (were) ordinarily resident at the address stated on 1 September and will be 18 years or over on 15 February next:

Addition No. 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.]						
Address on 1 September: (block letters)						
Eircode:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:						
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"/>			
Edited Register: If you wish to be excluded from the edited Register, please tick (✓) the opt out box:				Opt out box	<input type="checkbox"/>	

Addition No. 2

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.]							
Address on 1 September: (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:							
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"/>				
Edited Register: If you wish to be excluded from the edited Register, please tick (✓) the opt out box:							Opt out box <input type="checkbox"/>

Section 2 - Deletions or amendments

I hereby claim that the Draft Register should be corrected by the deletion or amendment of the following entries:

Deletion/Amendment No. 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.]							
Address on 1 September: (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:							
Grounds for claim (including previous address if relevant):							
Edited Register: If you wish to be excluded from the edited Register, please tick (✓) the opt out box:							Opt out box <input type="checkbox"/>

Deletion/Amendment No. 2

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.]	
Address on 1 September: (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:	
Grounds for claim (including previous address if relevant):	
Edited Register: If you wish to be excluded from the edited Register, please tick (✓) the opt out box:	Opt out box <input type="checkbox"/>

I believe the information I give above to be true.

Signature of Claimant:	
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:	
Daytime/Mobile Phone Number:	
E-Mail:	