

**OFFICE USE ONLY**

Electoral District Number	Electoral District Name	Polling Division No.
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**TO BE COMPLETED BY ELECTOR**

<u>Last Name</u>	<u>First Name</u>	<u>Gender</u> M F	<u>Date of Birth</u> Day: _____ Month: _____ Year: _____
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**Street Address of Ordinary Residence**

**Mailing Address of Ordinary Residence**

<u>Street No.</u>	<u>Street Address</u>	<u>Street No.</u>	<u>Street Address</u>
<u>Building Name</u>		<u>Apt. No.</u>	<u>PO Box No.</u>
		<u>Site No.</u>	<u>Rural Route No.</u>
<u>City, Town, Community</u>	<u>Province</u>	<u>Country</u>	<u>Postal Code</u>
		<u>Building Name</u>	
		<u>Apt. No.</u>	

**Contact Information:**

Home No.: \_\_\_\_\_ Work No.: \_\_\_\_\_  
 Cell No. : \_\_\_\_\_ E-Mail: \_\_\_\_\_

City, Town, Community Province Country Postal Code

**Please complete the following section only if the Special Ballot delivery address differs from mailing address listed above.**

<u>Street No.</u>	<u>Street Address</u>	<u>PO Box No.</u>	<u>Site No.</u>	<u>Rural Route No.</u>
<u>Building Name</u>		<u>Apt. No.</u>	<u>City, Town, Community</u>	<u>Province</u>
		<u>Country</u>	<u>Postal Code</u>	

Contact Telephone No.: \_\_\_\_\_ E-Mail.: \_\_\_\_\_

**DECLARATION**

I, the undersigned, declare that: (Please ✓ each line)

- |   |   |
|---|---|
| <input type="checkbox"/> I will be at least 18 years old on ordinary polling day                              | <input type="checkbox"/> I am a Canadian Citizen                          |
| <input type="checkbox"/> My ordinary residence for voting purposes is as stated In the "Street Address" above | <input type="checkbox"/> I am not disqualified from voting for any reason |

\_\_\_\_\_  
SIGNATURE OF ELECTOR

\_\_\_\_\_  
DATE

**For Mail-In Ballots:** Attach a copy of an official document showing your name, address, and signature, such as a driver's licence or a combination of two documents providing the same information, as explained in the instructions.

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- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> In House Voting (Ballot Received)     | <input type="checkbox"/> Ballot Mailed                       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Elector Has Taken Ballot with Him/Her | <input type="checkbox"/> Ballot Completed at PCH or Hospital | _____                                |

Identification Verified:  Type of Identification Presented: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Election Official

\_\_\_\_\_  
Date