



Check only one  add applicant's name to list  
 correct applicant's information on list – info to be corrected \_\_\_\_\_  
 delete applicant's or family member's name from list ( deceased  moved  other)  
 If \_\_\_\_\_ deceased, state relationship to deceased: \_\_\_\_\_

<b>Name of applicant</b>	date of birth	year	month	day
_____	_____	____	____	____
last	first	middle		

**Citizenship:** \_\_\_\_\_

<b>Qualifying address on voting day</b>	<input type="checkbox"/> commercial	I property	<b>At qualifying address, applicant is:</b>
_____	_____	_____	<input type="checkbox"/> owner since _____
street number & name	apt. #	roll number	ward number
_____	_____	_____	_____
city	postal	code	(if house apartment, indicate floor level – e.g., basement, 1st floor, etc.)

<b>Previous qualifying address (if applicable)</b>	<b>At previous address, applicant was:</b>		
_____	<input type="checkbox"/> owner		
street number & name	apt. #	roll number	ward number
_____	_____	_____	_____
city	postal	code	(if house apartment, indicate floor level – e.g., basement, 1st floor, etc.)

<b>Current mailing address of applicant (if different than Qualifying address above)</b>	<b>At mailing address, applicant is:</b>				
_____	<input type="checkbox"/> owner				
street number & name	apt./uni	t #	city	postal	code
_____	_____	_____	_____	_____	_____

**School Support**  
 Applicant is Roman Catholic (includes Greek & Ukrainian Catholics)  
 Applicant has French Language Education Rights

**Applicant wishes to be an elector for the following school board**  
 English-Public (anyone can support English-public)  
 English-Separate (must be Roman Catholic)  
 French-Public (must have French Language Education Rights)  
 French-Separate (must be Roman Catholic & have French Language Education Rights)

I, the undersigned, hereby declare that I am a Canadian citizen, that I have attained the age of eighteen (18) on or before Voting Day, and that on Voting Day, I am entitled to be an elector in accordance with the facts or information submitted on this form, and that I understand the effect thereof. I hereby apply to have my name included or amendments made on the Voters' List in accordance with such facts or information.

\_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

This information is collected under authority of s. 17, s. 24 and s. 25 of the *Municipal Elections Act* and s.15 and s. 16 of the *Assessment Act* and will be used to determine voter eligibility.

<b>Certificate of Approval (to be completed by Clerk or designate)</b>	<input type="checkbox"/> Refused (state reason)
<input type="checkbox"/> Approved	
I hereby certify that the Voters' List for said ward in this municipality shall be amended in accordance with the statement of facts or information contained herein.	_____
_____	_____
signature of clerk or designate	date