

- 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: _____

Name of applicant	date of birth	year	month	day
_____	_____	□□□□	□□	□□
last	first	middle		

Citizenship: _____

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

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

Current mailing address of applicant <i>(if different than Qualifying address above)</i>	At mailing address, applicant is:		
_____	<input type="checkbox"/> owner		
street number & name	apt./unit	City	Postal Code
_____	_____	_____	_____
		<input type="checkbox"/> tenant	
		<input type="checkbox"/> other	
		<input type="checkbox"/> spouse	

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 of applicant _____ 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.

Certificate of Approval <i>(to be completed by Clerk or designate)</i>	<input type="checkbox"/> Refused <i>(state reason)</i>
<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