



# Oath of Elector

Ward No:

if applicable

Drivers License

Poll No:

(Elector Signature)

### Elector Information (field information for office use only)

Last Name		First Name	Middle Name	Elector ID
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Civic No.	Street Name		Apt #	*Contact #
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Municipality		Postal Code	eMail	
<input type="text"/>		<input type="text"/>	<input type="text"/>	

### PLEASE SELECT WHICH DECLARATION WAS USED FOR THIS ELECTOR

#### 1 - ELECTOR HAS NO I.D. / NO PROOF OF RESIDENCE / CHALLENGED

**DECLARATION OF AN ELECTOR** (Form MGA-RE-8 & RE-9)

I DECLARE:

- I am eighteen years of age or older on or before Election Day;
- I am a Canadian citizen;
- I have lived in the province for six months immediately preceding election day; and
- I am ordinarily resident in this municipality on election day.

- NO IDENTIFICATION**
- NO PROOF OF RESIDENCE**
- CHALLENGED**

#### 2 - ELECTOR CLAIMS THEY HAVE NOT VOTED

**NAME STRUCK OUT IN ERROR** (Form MGA-RE-13)

I declare that I am the elector whose name has been struck from the official list of electors; and that I have not already voted in this election as per FORM MGA-RE-13

#### 3 - ELECTOR NEEDS HELP VOTING

**DECLARATION TO PROVIDE ASSISTANCE TO ELECTOR** (Form MGA-RE-11)

I declare I require assistance in voting as I am a person with a disability.

**DECLARATION OF A FRIEND**

I declare I will keep secret the name of the candidate for whom I mark the ballot paper of an elector with a disability, on whose behalf I am acting and I am eligible to vote in this municipality (FORM MGA-RE-11)

Signature of Friend: \_\_\_\_\_ Contact No.

Election Official Signature: \_\_\_\_\_

\*All personal information gathered on this form is strictly for office use only (verification) and will not be distributed or shared.