**Municipal Oath of Elector**

*(Municipal election regulations sections 44, 53, 57, 59, and 60)*

**Municipality Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If applicable) **Poll No:** \_\_\_\_\_ **Ward:** \_\_\_\_\_\_\_\_\_\_\_

**Elector Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Elector Information (office use only, not to be shared or distributed):**

**Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First/Middle Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Civic Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone** (In the event there is a problem with this form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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;
* I am ordinarily a resident in this municipality (ward) on election day.
* I have not already voted.

**Select by checking the correct box:**

[ ]  **Not on the list of electors**

[ ]  **No proof of residence** [ ]  **Challenged**

[ ]  **Name struck out in error** - *I additionally declare I am the elector whose name has been struck from the official list of electors.*

[ ]  **Confirm & correct error on the official list of electors** *– I additionally declare that I am the person*

*referred to as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the official list of electors*.

[ ]  **Declaration to assist elector to vote** *– I additionally declare that I require assistance in voting. The person assisting the elector to vote – I declare I will keep secret the name of the candidate for whom I mark the ballot paper of an elector requiring assistance, on whose behalf I am acting.*

Signature of person assisting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Election Official Only**

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