



**Affidavit
(To Be Completed by Voters Without Identification)**

Declaration (to be completed by the applicant)

SECTION 1

I, _____, do solemnly swear/affirm
(Full Name)

that I am the person as indicated for the 2020 Municipal Election and do currently reside at

(Civic Address)

in the City of St. John’s and that all information provided in the said application is true and current.

Furthermore, I am unable to include any supporting documentation to verify my application.

Declared before me at St. John’s, Newfoundland, this _____ day of _____, 2020.

Witness Signature _____

(Accepted witnesses include barristers, mayors, social workers, financial assistance officers, commissioners of oaths, justices of the peace, notaries public.)

Voter Signature _____

Privacy Notice

SECTION 2

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to affirm the identity of a voter without identification. Questions about the collection and use of the information may be directed to the Elections Coordinator, election@stjohns.ca

Please send completed form to:

Contact Information
P.O. Box 908, 10 New Gower Street
St. John’s, NL A1C 5M2

For further information:
Phone: 709-745-2489
Email: election@stjohns.ca