



Application for Inclusion on Voters List

Application (to be completed by the applicant)

SECTION 1

Print Full Name _____ Date of Birth _____

Current Civic Address

Street Address _____

Apartment Number _____ Postal Code _____

Current Mailing Address

Street or P.O Box _____

Apartment Number _____ Postal Code _____

Important: To have your name added to the Voters List you will have to submit documentation verifying your name, address and signature as outlined in one of the options below.

1. A copy of one official document bearing the:

- A. Voter's name
- B. Current residence address
- C. Signature such as driver's license, or residential lease or mortgage, signed utility bill etc.

Note: If the address on the documentation is not the current residential address then proceed to Number 3 below.

2. Copies of two documents may be provided: one bearing the voter's name and signature, such as a social insurance card; and another bearing the elector's name and **current residence address** such as a utility bill. **Note: If the address on the enclosed identification is not your current residential address then proceed to Number 3 below.**

3. An Affidavit signed by an authorized person to receive oaths in the Province (i.e. Commissioner for Oaths or Justice of the Peace) and containing the name, current residence address and signature of the elector. **Note: The person administering the affidavit does not have to know the elector.**

If a voter **has no form of identification** and **resides in a boarding home, group home or other commercial residence**, confirmation of the individual's ordinary residence by the owner, operator or manager of the group home may be acceptable.



NEWFOUNDLAND AND LABRADOR, CANADA

Declaration (to be completed by the applicant) SECTION 2

I declare that as a qualified elector I: (a) am a Canadian Citizen 18 years of age or older, (b) have been ordinarily resident in the City of St. John’s for at least 30 days immediately preceding Election Day AND (c) have not already voted at the pending election. AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same effect as if made under oath or affirmation and by virtue of the Canada Evidence Act.

Voter’s Signature _____ Date _____

Validation (for office use only) SECTION 3

Identification Type _____ Record Number _____

Privacy Notice SECTION 4

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to add an individual’s name to the voters list. Questions about the collection and use of the information may be directed to the Election’s Coordinator, election@stjohns.ca

Please submit completed form with Voter’s handwritten signature and appropriate identification by mail, e-mail or fax to:

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 Fax: 709-576-8474

