OCC - Affidavit

Office of the **City Clerk**

ST. J@HN'S

Form last updated: 2025-04-30

Affidavit

(To Be Completed by Voters Without Identification)

Declaration (to be complete	ed by the applicant)			SECTION 1
l,			, do solemni	y swear/affirm
	(Full Name)		,	,
that I am the person as indi	cated for the 20	_ Municipal Election	and do currently res	side 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. J	lohn's, Newfoundlan	d, this	_day of	_, 20
Witness Signature				
Voter's 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 Election Coordinator, election@stjohns.ca Please send completed Office of the City Clerk For further information:				
form to:	4th Floor, City Hall 10 New Gower Stree St. John's, NL A1C	et	Phone: 709-	