



# APPLICATION FOR REGISTRATION AND SPECIAL BALLOT ( P-12 )

(Section 86)

If you need more copies of this form, please photocopy it.

OFFICE USE ONLY			
Polling Division Number		Electoral District	
		Electoral District Code	
TO BE COMPLETED BY ELECTOR			
Street Address of Ordinary Residence		Present Mailing Address (if different from your street address)	
Number	Street Address	Number	Street Address
Building Name		Apt.	
Building Name		Apt.	
City, Town or Community		Postal Code	
Province		Country	
Family Name		Given Name(s)	
		Sex	
		M F	
Telephone Numbers			
Home - Telephone # _____		Business - Telephone # _____	
Fax # _____		Fax # _____	
Date of Birth			
_____ / _____ / _____			
Year      Month      Day			
DECLARATION			
I, the undersigned, declare that: (Please ✓ each line)			
_____ I will be at least 18 years old on ordinary polling day;			
_____ I am a Canadian citizen;			
_____ My ordinary residence for voting purposes is as stated			
in the "Street Address" above;			
_____ I am not disqualified from voting for any reason.			
_____		_____	
SIGNATURE OF ELECTOR		DATE	
NOTE: Attach a copy of an official document showing your name, address and signature, such as a driver's licence or a combination of two documents providing the same information, as explained in the instructions.			
OFFICE USE ONLY			
_____		_____	
Signature of Authorized Election Official		Date	