



# Elector Pre-Registration Form – Pre-Election Day | Form 100B

PLEASE PRINT IN BLOCK LETTERS

1. Elector ID (If Known)		2. Type of Application		
ELECTOR ID	<input type="checkbox"/> ADDITION <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> OPT OUT OF LIST <input type="checkbox"/> CHANGE OF NAME (ENTER PREVIOUS FULL NAME)			
3. Current Elector Information				
FULL LEGAL NAME OF ELECTOR				
LAST NAME	FIRST NAME	MIDDLE NAME		
CURRENT CIVIC ADDRESS OF ELECTOR				
BLDG NO & SUFFIX	UNIT	STREET/ROAD NAME	COMMUNITY	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM CIVIC ADDRESS) INCLUDE COMMUNITY AND POSTAL CODE				
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER	EMAIL ADDRESS		
LOCATED IN ELECTORAL DISTRICT				
DISTRICT				POLL NO.
DATE OF BIRTH (IF THE ELECTOR IS BEING ADDED TO THE LIST OF ELECTORS YOU MUST COMPLETE THE FOLLOWING)				
YEAR	MONTH	DAY	SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <small>NOTE: IF THE ELECTOR DOES NOT PROVIDE THEIR DATE OF BIRTH, THE ELECTOR IS NOT PERMITTED TO VOTE</small>
4. Elector Opt In and Consent				
I declare that I wish to have my name added to the List of Electors and automatically added to the Registrar of Electors. I also declare that I consent to provide my Elector ID to the Candidate, Campaign Worker or Community Returning Officer, as the case may be, and authorize them to copy my Elector ID for use of electoral purposes only.				
_____			_____	
SIGNATURE OF ELECTOR			DATE (YYYY/MM/DD)	
5. Declaration				
I am a qualified elector because I am a Canadian citizen, am 18 years of age or older on election day and have lived in Nova Scotia for 6 months preceding the date of the writ of election. I further declare that to the best of my knowledge, the information contained herein is true and accurate and is of the same force and effect as if made under oath.				
_____				
SIGNATURE OF ELECTOR				
6. Declaration – Candidate, Campaign Worker, or Community Relations Officer				
I declare that I have copied the Elector's ID, will only use and disclose it for electoral purposes only with the Elector's local Returning Office. I further declare that I will destroy all copies of the Elector's ID under my custody and control, including destruction of any copies from my personal communications device, immediately after providing it to the local Returning Office and in the presence of Returning Office staff.				
_____			_____	
SIGNATURE OF CANDIDATE, CAMPAIGN WORKER, COMMUNITY RELATIONS OFFICER			WITNESS	
6. For Use by the Election Officer				
ACCEPTABLE IDENTIFICATION PROVIDED <input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED		
TYPE OF IDENTIFICATION _____		REASON FOR REJECTION _____		
_____		_____		
SIGNATURE OF ELECTION OFFICER		DATE (YYYY/MM/DD)		