

PLEASE PRINT IN BLOCK LETTERS

1. Elector ID (If Known)

ELECTOR ID

2. Type of Application

- ADDITION
 CHANGE OF ADDRESS
 OPT OUT OF LIST
 CHANGE OF NAME (ENTER PREVIOUS FULL NAME)

3. Current Elector Information
FULL 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

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

 MALE FEMALE

NOTE: IF THE ELECTOR DOES NOT PROVIDE THEIR DATE OF BIRTH, THE ELECTOR IS NOT PERMITTED TO VOTE

4. Opt out of List of Electors

I declare that I wish to have my name removed from the List of Electors and automatically removed from the Register of Electors. I understand that I will have to request that my name be added to the List of Electors for the next provincial election or by-election in order to vote.

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. For Use by the Election Officer
ACCEPTABLE IDENTIFICATION PROVIDED NO YES APPROVED REJECTED

TYPE OF IDENTIFICATION _____

REASON FOR REJECTION _____

SIGNATURE OF ELECTION OFFICER

DATE (yyyy/mm/dd)