

Please print in BLOCK LETTERS

1. Type of Application

- | | |
|---|---|
| <input type="checkbox"/> Addition to List of Electors (complete sections 4 & 6) | <input type="checkbox"/> Change of name (complete sections 3, 4 & 6) |
| <input type="checkbox"/> Change of address (complete sections 2, 4 & 6) | <input type="checkbox"/> Opt out of List of Electors (complete sections 4, 5 & 6) |

2. Change of Address (only complete if you believe we have an old address for you)

Enter old civic address here and your new address in Section 4

BLDG # & Suffix	Unit	Street/Road Name	Community	Postal Code
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3. Change of Name (only complete if you have changed your name)

Enter your old name here and your new name in Section 4

Last Name	First Name	Middle Name
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4. Elector Information (must be completed)
Full Name of Elector

Last Name	First Name	Middle Name
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Current Civic Address of Elector

BLDG # & Suffix	Unit	Street/Road Name	Community	Postal Code
Mailing Address (if different from civic address) include community & postal code			Community	Postal Code

Date of Birth

If the elector is being added to the List of Electors, date of birth must be entered, or the elector is not permitted to vote.

Year	Month	Day
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Gender (Sex)

Check one of the boxes below:

 F M X

5. Opt Out of List of Electors

I declare that I wish to opt out of the List of Electors and 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)

6. Declaration (must be completed)

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

 Date (yyyy/mm/dd)

7. For Use by the Election Officer

 Acceptable identification provided by elector: **No** **Yes** Identification Document Type: _____

Electoral District:	Poll No.:
Election Officer Signature:	Date: