

School board Division

APPLICANT

 A relative, the spouse or a person who cohabits with the person concerned

 Last name First name
 Number and street Apartment
 Municipality Postal code Telephone
 The person concerned
(Go to the next section ▼)

INFORMATION ABOUT THE PERSON CONCERNED BY THE APPLICATION

 Last name First name
 Date of birth Gender Female Male Language of correspondence French English
 YYYY MM DD

 The elector has a child admitted in an institution of the school board
 The elector has no child admitted in an institution of the French-language school service centre or the English-language school board

Address of current domicile

 Number and street Apartment
 Municipality Postal code
 Telephone (day) Domicile address since (if known) Domiciled in the municipality since (if known) Sector
 YYYY MM DD

Address of previous domicile (required)

 Number and street Apartment
 Municipality Postal code

CONFIRMATION OF REGISTRATION CONDITIONS AND CHOICE OF LIST(S) OF ELECTORS

I declare that, on the day of the poll, the person concerned:

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- will be aged 18 or older;
-
-
- will be a Canadian citizen;
-
-
- will be domiciled in the school board;
-
-
- will have been domiciled in Québec for at least six (6) months.

And that at the time of this declaration, this person:

-
- is not under curatorship;
-
-
- has not been convicted of a corrupt electoral practice in the last five (5) years.

I consent to the person's information appearing on the following list(s) of electors

-
- provincial
-
-
- municipal

and being conveyed to Elections Canada, which can include it in the

-
- National Register of Electors
-
-
- None - Registration for the current vote only

SWORN STATEMENT BY THE PERSON MAKING THE APPLICATION

I, the undersigned, swear under oath that, to my knowledge, the information provided herein is truthful.

 Signed in _____ on _____
 Municipality Date (YYYY-MM-DD) Signature

RECEIPT OF THE APPLICATION BY A DESIGNATED PERSON OR THE RETURNING OFFICER

 First name and last name (please print) Signature Date (YYYY-MM-DD)

RESERVED FOR REVISORS

Both required documents were presented:

-
- Proof of name and date of birth of the person concerned
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-
- Proof of name and address of domicile of the person concerned

Revisors' decision and signatures (at least two (2) signatures are required):

-
- Application accepted
-
-
- Application refused ► Reason: _____

 Date (YYYY-MM-DD) Revisor Revisor Revisor