

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:

- 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
- 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