

**CONTACT INFORMATION**

Work #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Cellular #: \_\_\_\_\_  
Other: \_\_\_\_\_

*Elections Act (2021 Revision)*

**FORM B**

(rule 3(1))

**APPLICATION TO BE TREATED AS AN ABSENT ELECTOR  
VOTING BY POST**

Name in Full  
Mr./Mrs./Miss \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electoral district for which registered as an elector  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address to which postal ballot paper shall be sent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DECLARATION BY APPLICANT

I, \_\_\_\_\_, of \_\_\_\_\_

do solemnly and sincerely declare that the information contained in the above form is correct to the best of my knowledge and belief.

Signature of applicant \_\_\_\_\_

Signature of witness \_\_\_\_\_

Full name of witness \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_

## Declaration by Person Who Assists An Applicant

*(To be completed by a person who has assisted the applicant to complete the form or who has signed the form on behalf of the applicant, or both, where the applicant was not able, because of physical or other disability, to complete or sign the form.)*

I, \_\_\_\_\_, of \_\_\_\_\_ do solemnly and sincerely declare that I assisted the applicant by filling out and/or signing the above form in the presence of the applicant and on behalf of the applicant, and that in doing so I did not influence the applicant in any way but accurately recorded therein the wishes, information and reasons stated by the applicant, and that the information contained in the above form is correct to the best of my knowledge and belief.

Signature of person making declaration \_\_\_\_\_

Signature of witness \_\_\_\_\_

Full name of witness \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_