

CONTACT INFORMATION

Work #: _____
Home #: _____
Cellular #: _____
Other: _____

Elections Law (2017 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_____