

Box A: Elector Making Appointment	For Office Use (Initial after voters' list has been checked)
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Municipality _____

Ward Name or Number (if any)	Voting Subdivision Number (if known)
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Elector Making Appointment	
Last Name or Single Name	Given Name(s)

Full address within this municipality		
Suite/Unit Number	Street Number	Street Name

Municipality	Province	Postal Code
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Box B: Elector Appointed	For Office Use (initial after voters' list has been checked)
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Municipality _____

Ward Name or Number (if any)	Voting Subdivision Number (if known)
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Elector Appointed	
Last Name or Single Name	Given Name(s)

Full address within this municipality		
Suite/Unit Number	Street Number	Street Name

Municipality	Province	Postal Code
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Relationship of Elector Appointed to Elector Making the Appointment (check one only)

Related (parent, grandparent, child, grandchild, sibling or spouse) Not related

Box C: Statement of Elector Making Appointment

I, the undersigned, a qualified elector in the above municipality, do hereby appoint

(person named in Box B), to vote on my behalf and, if related, do attest to their relationship to me.

Signature of the Elector Making Appointment	Date (yyyy/mm/dd)
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Note: It is unlawful to sign this proxy form until Box B is completed.
The name of the elector appointed **must** be filled in at the time the elector making the appointment signs the statement.

Box D: Declaration By Elector Appointed (to be completed in the presence of the clerk or designate at the clerk's office or other designated location)

I, the undersigned, a qualified elector in the above municipality, affirm that I have been appointed to vote in good faith and have been instructed to do so on behalf of the elector who made the appointment and that I have not been previously appointed to vote on behalf of any other non-related person.

Declared before Clerk or Commissioner _____

in the _____

on (yyyy/mm/dd) _____



Signature of Clerk or Commissioner, etc.

Signature of Elector Appointed

Box E: Certification by Clerk

I hereby certify that the elector making the appointment is qualified to vote in this municipality and that the elector appointed is a qualified elector in this municipality and is authorized to vote on behalf of the elector making the appointment.

Signature of Clerk or Designate _____

Date of Certification (yyyy/mm/dd) _____

Note: Clerk may require proof of identity of elector appointed before certifying proxy. This form is a public record and the copy on file with the clerk may be inspected by any person.

Box F: Oral Oath

I swear or solemnly affirm:

- that I am the elector appointed; and
- that I am voting in good faith on behalf of the elector who made the appointment; and
- I have not been previously appointed to vote on behalf of any other non-related person.

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