

062**Application to Vote by Mail**

NAME OF APPLICANT			<i>ALL FIELDS REQUIRED</i>
FIRST NAME	MIDDLE NAME	FAMILY NAME	
GENDER		DATE OF BIRTH (YEAR/MONTH/DAY)	
MALE	FEMALE		
OTHER			

PERMANENT ADDRESS

CIVIC/GEOGRAPHIC ADDRESS	MAILING ADDRESS	CHECK (✓) IF SAME
TOWN/CITY	TOWN/CITY	POSTAL CODE
	POSTAL CODE	

ADDRESS YOU WOULD LIKE THE BALLOT KIT SENT TO (IF DIFFERENT THAN ABOVE)

ADDRESS	CHECK (✓) IF SAME AS MAILING ADDRESS ABOVE
TOWN/CITY	POSTAL CODE

HOME PHONE #	MOBILE PHONE #	EMAIL ADDRESS
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Important: Legible copies of required identification must be included with application: either one piece of government-issued photo ID or two other pieces.

I DECLARE THAT

- I am a Canadian citizen.
- I am not otherwise disqualified by law from voting.
- I have been a resident of Manitoba for at least six months before election day.
- I have not previously voted and will not attempt to vote again in this election.
- I will be 18 years of age on or before election day.
- I understand that once issued a ballot under vote by mail rules, I will not be issued a ballot in any other manner.
- I have enclosed legible copies of the required identification.
- I have provided my current address for voting purposes.

 Signature of Applicant

 Date
FOR ELECTIONS MANITOBA USE ONLY

 Electoral Division

 Confirmation Code

 Date Received