

071

Application for Homebound Voting



NAME OF APPLICANT	
ADDRESS	
GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER	DATE OF BIRTH (MONTH/DAY/YEAR)
EMAIL	TELEPHONE NO.

I, the undersigned, being an eligible voter for the upcoming election, apply to be a homebound voter because:

- I am unable to go in person to a voting station due to a disability.
- I am providing care to a person who is unable to leave home.

Signature of Applicant

Date

Legible copies of identification must be included with application, either one piece of government issued photo ID or two other pieces.

For Elections Manitoba use only

DATE RECEIVED	VOTING AREA NO.	ELECTORAL DIVISION	CONSECUTIVE NO. ON VOTERS LIST

Returning officer's remarks if any

Approved : Yes No

By _____ Date _____ sent delivered

Note: This application is provided for the convenience of voters. A voter may make any form of application in writing. This form is intended for distribution by the Returning Officer and election officials only and is not available for distribution by political parties or candidates.