

COMPLETE EITHER A OR B**A. Request to remove name.**

I, the undersigned, request that my personal information be removed from the Manitoba Voter Register.

I understand that my right to vote remains fully protected by *The Elections Act*, and that I will be able to vote in future provincial elections, byelections and referendums.

NAME OF APPLICANT		
LAST NAME	FIRST NAME	MIDDLE NAME
GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		DATE OF BIRTH (MONTH/DAY/YEAR)
RESIDENTIAL ADDRESS		TELEPHONE
CITY/TOWN		POSTAL CODE

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 requesting to have my name removed from the Manitoba Voter Register of my own free will, without coercion or influence from another person, and that all the information provided on this form is accurate.

 Signature

 Date
B. Request to remove name on behalf of other person.

I, the undersigned, request that the following person be removed from the Manitoba Voter Register:

NAME OF PERSON TO BE REMOVED		
LAST NAME	FIRST NAME	MIDDLE NAME
GENDER <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>		DATE OF BIRTH (MONTH/DAY/YEAR)

084**Request to be Removed
from Manitoba Voter Register**

RESIDENTIAL ADDRESS	
CITY/TOWN	POSTAL CODE

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

I understand that this individual's right to vote remains fully protected by *The Elections Act*, and that they will be able to vote in future provincial elections, byelections and referendums.

APPLICATION MADE BY:		
LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENTIAL ADDRESS		TELEPHONE
CITY/TOWN	POSTAL CODE	

I declare that:

I know the named person, they are requesting to have their name removed from the Manitoba Voter Register of their own free will, without coercion or influence from another person, and that all the information provided on this form is accurate. I have been authorized by the person to act on his/her behalf in requesting that his/her name be removed from the Manitoba Voter Register.

 Signature of Applicant

 Date
RETURN THIS FORM

BY MAIL: Manitoba Voter Register
Elections Manitoba
120-200 Vaughan Street
Winnipeg, MB
R3C 1T5

BY EMAIL:
elections@elections.mb.ca

BY FAX:
204-945-6011

IN PERSON:
Elections Manitoba
120-200 Vaughan St
Winnipeg, MB
R3C 1T5