

FOR ELECTIONS MANITOBA USE ONLY - COMPLETE EACH ROW

<input type="checkbox"/> TARGETED REGISTRATION	<input type="checkbox"/> REVISION	<input type="checkbox"/> OTHER
<input type="checkbox"/> IN-PERSON	<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> MAIL
<input type="checkbox"/> ADDITION	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETION
		<input type="checkbox"/> NOT ELIGIBLE
		<input type="checkbox"/> MOVED OUT OF PROVINCE

INFORMATION PROVIDED BY:

NAME		
LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENTIAL ADDRESS		POSTAL CODE
CITY/TOWN	PHONE	RELATIONSHIP TO VOTER

VOTER INFORMATION

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

DRIVER'S LICENSE NUMBER	
OR TYPE OF IDENTIFICATION 1)	2)

NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	
GENDER		DATE OF BIRTH (MONTH/DAY/YEAR)	
<input type="checkbox"/> M	<input type="checkbox"/> F		
RESIDENTIAL ADDRESS		POSTAL CODE	
CITY/TOWN	PHONE NUMBER	EMAIL	
MAILING ADDRESS <input type="checkbox"/> (✓) IF SAME		PREVIOUS ADDRESS (IF MOVED WITHIN THE LAST 12 MONTHS)	
ADDRESS		ADDRESS	
CITY/TOWN	POSTAL CODE	CITY/TOWN	POSTAL CODE

I, being a relative of the applicant, hereby submit this application and swear or solemnly affirm that I know the named applicant:

- Is a Canadian Citizen
- Has resided in Manitoba for at least 6 months prior to election day
- Is at least 18 years of age by election day
- Is not otherwise disqualified by law from voting

FOR DELETION ONLY: I certify the information is true and correct.

Signature of Applicant

Date

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SWORN or AFFIRMED before me at _____

This _____ Day of _____, 20 _____

ELECTORAL DIVISION	ELECTION OFFICIAL SIGNATURE
<input type="checkbox"/> VERBAL CONFIRMATION _____ INITIAL	<input type="checkbox"/> DATA ENTRY COMPLETE _____ INITIAL