

APPLICATION FOR ENTRY ON OR CHANGE TO THE LIST OF ELECTORS

Application form – Send by mail

SECTION A	Select the type of application
<input type="checkbox"/>	<p>Application for moving (change of address) – the elector concerned by this application is not entered on the list of electors at the correct address</p> <p>► A change of address application must be accompanied by a copy of the supporting document or documents. Only the elector, an elector who is a relative as defined in the <i>Election Act</i>, the spouse, or a person who cohabits with the elector concerned may file the request.</p> <p style="text-align: right;">Complete sections B and C</p>
<input type="checkbox"/>	<p>Correction – the elector concerned is registered on the list of electors but the entry contains a mistake in the surname, given name, date of birth, sex, or address</p> <p>► A correction application must be accompanied by a copy of a supporting document or documents. Only the elector, an elector who is a relative as defined in the <i>Election Act</i>, the spouse, or a person who cohabits with the elector concerned may file the request.</p> <p style="text-align: right;">Complete sections B and D</p>
<input type="checkbox"/>	<p>Registration – the elector concerned is not already registered on the list of electors</p> <p>Most Quebecers of voting age are already registered on the permanent list of electors. An application for registration by an elector who is already registered on the list of electors will be treated as a change of address application. In case of doubt about your registration status, please contact the Élections Québec Information Centre:</p> <p>Québec City area: 418-528-0422 Toll free from other regions: 1-888-353-2846 or see the Élections Québec website</p> <p style="text-align: center;">electionsquebec.qc.ca</p> <p>► A registration application must be accompanied by a copy of the supporting document or documents. Only the elector, an elector who is a relative as defined in the <i>Election Act</i>, the spouse, or a person who cohabits with the elector concerned may file the request</p> <p style="text-align: right;">Complete sections B and E</p>
<input type="checkbox"/>	<p>Removal from the list – the domicile of the elector concerned is not at the address indicated on the list of electors, or the elector is not a qualified elector, is deceased, has lost the right to vote due to a tutorship or no longer wishes to be registered on the list of electors</p> <p>► An application for removal must be accompanied by a supporting document. The request must be filed by the elector, an elector who is a relative as defined in the <i>Election Act</i>, the spouse, a person who cohabits with the elector concerned, a third party residing in the electoral division or the new occupant residing at the address where the elector is registered.</p> <p style="text-align: right;">Complete sections B and F</p>

Note: Only one application per form – all applications must be received no later than the 14th day before polling day.

SECTION B Identification of the applicant

Surname at birth

Given name

Sex

Female ☐

Male ☐

Date of birth

YYYY

MM

DD

Address

Street number

Apt.

Street, boulevard, avenue

Municipality

Postal code

Home telephone number

Cell

Fax

Email

Relationship of the applicant to the elector concerned by the application:

- ☐ the elector is the applicant
 ☐ a relative*
 ☐ the spouse
 ☐ an elector who cohabits with the elector
 ☐ the new occupant
 ☐ a person from the same electoral division

*The term “relative” means the father, mother or one of the parents, grandfather, grandmother, father-in-law, mother-in-law, brother, sister, brother-in-law, sister-in-law, son, daughter, son-in-law or daughter-in-law, grandson or granddaughter.

- To accelerate the processing of the application, when the applicant is not the elector, enclose a copy of a piece of ID showing the name and address of the applicant.

Reserved for the electoral division office

Date received:

YYYY	MM	DD

Electoral division: _____

Received by:

- ☐ mail
 ☐ email
 ☐ fax

To be handled by:

Electoral division: _____

Board of revisors: _____

SECTION C Application for change of address**Identification of the elector concerned (if different from the applicant)**

Surname at birth		
Given name	Sex	Date of birth
	Female <input type="checkbox"/> Male <input type="checkbox"/>	<div>YYYYMMDD</div>

New domiciliary address

Street number	Apt.	Street, boulevard, avenue
Municipality		Postal code

Former domiciliary address

Street number	Apt.	Street, boulevard, avenue
Municipality		Postal code

Date of change of address:

(enter, at a minimum, the month and the year)

YYYYMMDD

Supporting document(s)

Attach copies of the document or documents supporting the application. This or these documents must indicate:

- the surname, given name and date of birth of the elector concerned
- the surname, given name and domiciliary address of the elector concerned

Declaration of the applicant and signature (required)

I declare that to my knowledge, the information contained in this application is accurate.

Signature of the applicant

Date

SECTION D Application for correction**Identification and address of the elector concerned as these appear on the list of elector**

Surname at birth		
Given name	Sex	Date of birth
	Female <input type="checkbox"/> Male <input type="checkbox"/>	<div>YYYY</div> <div>MM</div> <div>DD</div>

Address

Street number	Apt.	Street, boulevard, avenue	
Municipality		Postal code	

Enter the information as it should appear on the list of electors

Surname at birth		
Given name	Sex	Date of birth
	Female <input type="checkbox"/> Male <input type="checkbox"/>	<div>YYYY</div> <div>MM</div> <div>DD</div>

Address

Street number	Apt.	Street, boulevard, avenue	
Municipality		Postal code	

Supporting document(s)

The board of revisors may request any document needed to make its decision.

- ▶ To accelerate the processing of the application, attach a copy of a supporting document for the requested correction.

Declaration of the applicant and signature (required)

I declare that to my knowledge, the information contained in this application is accurate.

Signature of the applicant

Date

SECTION E Application for registration
Identification of the elector concerned (if different from the applicant)

Surname at birth		
Given name	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth YYYY MM DD

Address of domicile

Street number	Apt.	Street, boulevard, avenue
Municipality		Postal code

Date of arrival at this address:

(enter, at a minimum, the month and year)

YYYY	MM	DD
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Permanent or temporary registration: check (✓) one of the following options

- ☐ The elector concerned requests to be permanently registered on the list of electors – this entry will be kept for future elections.

The elector concerned also wishes to be registered on:

- ☐ the municipal list of electors
- ☐ the school board list of electors
- ☐ the federal voters list, and the elector consents to this information being sent to Elections Canada

- ☐ The elector concerned requests to be temporarily registered on the list of electors – this entry will not be kept for future elections.

Supporting document(s)

Attach copies of the document or documents supporting the application. This or these documents must indicate:

- the surname, given name and date of birth of the elector concerned
- the surname, given name and domiciliary address of the elector concerned

Declaration of the applicant and signature (required)

I declare that to my knowledge, the information contained in this application is accurate and that the elector concerned by this registration application will be at least 18 years old on polling day, is a Canadian citizen, has been domiciled in Québec for at least six months, has not lost the right to vote due to a tutorship and has not been convicted of an offence constituting a corrupt electoral practice within the last five years.

Signature of the applicant

Date

SECTION F Application for removal from list
Identification of the elector concerned (if different from the applicant)

Surname at birth		
Given name	Sex* Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of birth* YYYY MM DD *If known

Address of domicile of the elector concerned

Street number	Apt.	Street, boulevard, avenue
Municipality		Postal code

Reasons for removal (check ✓ the appropriate box)

- ☐ Personal decision of the elector concerned
 ☐ Temporary (valid only for the election currently in progress)
 ☐ Permanent (the elector concerned will be removed from the permanent list of electors and must register again if he or she wishes to vote in future elections)

► To accelerate processing, attach a copy of a piece of ID for the elector concerned.

- ☐ The elector concerned is deceased
 ► To accelerate processing, attach a copy of the death certificate or any other document supporting the application.

- ☐ The elector has lost the right to vote due to a tutorship.
 ► To accelerate processing, attach a copy of the court judgment that revoked the right to vote.

- ☐ The elector concerned does not live at the address indicated on the list of electors.

- ☐ The address is not the domicile of the elector concerned. It is the address of a secondary residence.

- ☐ The elector is not a qualified elector. Specify:

Declaration of the applicant and signature (required)

I declare that to my knowledge, the information contained in this application is accurate.

Signature of the applicant

Date