élections Québec

Oath taken by an elector voting at his or her domicile

Electoral division	Polling subdivision	Line number	Date
			Year / Month / Day

1. Elector's oath

I _____ _____ ,
Given name Surname

declare under oath that I am unable to move about for health reasons.

2. Name and signature of the deputy returning officer

_____ _____
Given name Surname

_____
Signature