Read the procedures

élections Québec

DGE-34.1-S VA (26-06)

Application to register to vote by mail in eligible areas

☑ **I wish to vote by mail**

Identification

Surname

Given name

Date of birth

YYYY MM DD

Telephone number

Email[1]

Domicile address

Address (No., Street, Apt.)

City or municipality

Postal code

Delivery address for ballot paper

Address (No., Street, Apt.)

City or municipality

Postal code

	Yes	No	Not applicable
My voting materials may be included in the same mailing as those of the persons with whom I reside.	☐	☐	☐
I confirm that I meet the requirements to vote.	☐	☐	☐
I confirm that I am eligible to vote by mail.	☐	☐	☐

Mandatory proof of identity

Submit a photograph or scanned **copy of an identity document** that includes your name, date of birth and signature.

- ☐ **Québec health insurance card**
- ☐ **Driver's licence**
- ☐ **Canadian passport**
  (the name indicated on the application form must be the same as that on the passport)
- ☐ **Canadian Forces identification card**
- ☐ **Indian status card**

IMPORTANT If the document you provide does not include your signature, please attach a second document that includes your signature.

Return the form and copies of the required documents by mail.

Votes spéciaux
Élections Québec
1045, avenue Wilfrid-Pelletier, bureau 200
Québec (Québec) G1W 0C6

1. We may use your email address to contact you as needed and to send you a list of the candidates in your electoral division during the election period.

The personal information we collect is treated confidentially and protected in accordance with the provisions of the *Act respecting Access to documents held by public bodies and the Protection of personal information* and the *Election Act*. If you wish to access or correct the personal information you have provided to us, you can send an email to acces-info@electionsquebec.qc.ca.