CERTIFICATION OF IDENTITY AND RESIDENCE APPENDIX A FORM A

[Sub clause 110(a)(ii) of the Act and Section 14 of Regulations]

To be Completed by Person Seeking to Vote in a Local Election

I,	, have resided since	
	(Name of Person – Please Print)	(Date)
OR h	ave eaten or slept on the following dates	
at		
	(Name of Fa	cility)
	(Address of F	acility)
I certi	ify that this information is true.	
	•	
	(Signature)	(Date)
To be	e Completed by Facility Administrator	
I,	(Name of authorized representative of the	facility noted helow - Please Print
	(Name of authorized representative of the	racinty noted below – Fledde Finnly
	(Position – Plea	sa Print)
	·	Se i iiii)
certify	y the following:	
•	• I am authorized to complete and issue a "Certification of Identity and Residence" form on behalf of the facility noted above, to provide proof of identity and proof of residence for residents/clients of the facility who wish to register and vote in elections held in a municipality and/or school division at an Advance Poll or on Election Day.	
•	 I confirm that the individual mentioned above is a resident/client of the facility, or resident of the location identified above for the period indicated. 	
•	I certify that I have witnessed the individual's signature.	
	(Authorized Signature of Administrator)	(Date)

This form may be printed on the facility's official letterhead.

Warning: Every person who furnishes false or misleading information to a returning officer or to any person who is authorized to act as an election official is guilty of an offence and liable on summary conviction to a fine of not more than \$5,000.