



ATTESTATION OF IDENTITY AND ORDINARY RESIDENCE FOR ELECTOR LIVING IN SUPPORTIVE LIVING OR LONG-TERM CARE

Electoral Division _____ Voting Area No. _____

PLEASE COMPLETE BOTH SECTIONS BELOW

SECTION 1

To be completed by the elector living in supportive living or long-term care

Ordinary residence is determined in accordance with the following rules:

- (a) a person can have only one place of ordinary residence;
- (b) a person's ordinary residence is the place where the person lives and sleeps and to which, when the person is absent from it, intends to return.

I _____,
(first name) (middle name) (surname)

based on the definition above, ordinarily reside at _____
(name of facility)

(address) (city/town/village) (postal code)

and certify that the information I have provided is true:

(signature of elector) (date)

SECTION 2

To be completed by the authorized representative at the supportive living or long-term care facility

I, the undersigned, am an authorized representative of _____
(name of facility)

(address) (city/town/village) (postal code)

and certify the identity and ordinary residence of the elector named in **SECTION 1**.

(name and job title of authorized representative) (phone number)

(signature of authorized representative) (date)

- (1) This document, once completed, may be used as proof of identity and ordinary residence for the purpose of voting.
- (2) Any person who wilfully applies to be included on the List of Electors for an electoral division in which the person is not ordinarily resident commits an offence under the *Election Act*.
- (3) Only signed original copies are accepted.