

CHANGE OR CORRECT VOTER NAME/ADDRESS BY EMAIL, MAIL OR FAX.



FILL OUT THIS FORM TO CHANGE YOUR NAME AND/OR ADDRESS ON THE VOTERS LIST
SEND THIS COMPLETED FORM TO ELECTIONS NUNAVUT WITH A COPY OF YOUR IDENTIFICATION:

- ✓ **ONE** PIECE OF ID THAT SHOWS YOUR NAME, ADDRESS AND SIGNATURE; **OR**
- ✓ **TWO** PIECES OF ID: ONE WITH YOUR NAME AND SIGNATURE + ONE WITH NAME AND ADDRESS.

PLEASE PRINT CLEARLY (Fields marked ♦ are mandatory)

OLD INFORMATION – AS IT APPEARS ON THE VOTERS LIST			
COMMUNITY♦	CONSTITUENCY		
LAST NAME♦	FIRST AND MIDDLE NAME(S)♦		
DATE OF BIRTH♦ <div style="text-align: center;">/ / YYYY / MM / DD</div>	GENDER♦		
HOME ADDRESS♦ <div style="text-align: center;">HOUSE/APT # STREET</div>	MAILING ADDRESS♦ <div style="text-align: center;">PO BOX POSTAL CODE</div>		

NEW INFORMATION – CHANGES OR CORRECTIONS			
COMMUNITY (IF DIFFERENT)	CONSTITUENCY (IF DIFFERENT)		
LAST NAME (IF DIFFERENT)	FIRST AND MIDDLE NAME(S) (IF DIFFERENT)		
HOME ADDRESS (IF DIFFERENT) <div style="text-align: center;">HOUSE/APT # STREET</div>	MAILING ADDRESS (IF DIFFERENT) <div style="text-align: center;">PO BOX POSTAL CODE</div>		
I HAVE LIVED IN THIS COMMUNITY♦ <input type="checkbox"/> ALL MY LIFE <input type="checkbox"/> SINCE / / <div style="text-align: center;">YYYY / MM / DD</div>	I HAVE LIVED IN NUNAVUT♦ <input type="checkbox"/> ALL MY LIFE <input type="checkbox"/> SINCE / / <div style="text-align: center;">YYYY / MM / DD</div>		

I NEED A MOBILE POLL: **I AM A REGISTERED FRENCH LANGUAGE RIGHTS HOLDER:** **GENDER**

<p>FOR VOTER: I certify that the information above is correct.</p> <p style="text-align: center;">X _____ Voter's Signature</p> <p style="text-align: center;">_____ Date</p> <p>I would like a copy of my completed form: Emailed <input type="checkbox"/> Mailed <input type="checkbox"/></p>	<p>FOR ELECTION OFFICER: I believe the information above is true.</p> <p style="text-align: center;">X _____ Election Officer's Signature</p> <p style="text-align: center;">_____ Name of Election Officer</p>				
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right; padding-right: 20px;">OFFICE USE ONLY</td> </tr> <tr> <td style="border: none; width: 60%;">Voter ID # _____</td> <td style="border: none;"></td> </tr> </table>			OFFICE USE ONLY	Voter ID # _____	
	OFFICE USE ONLY				
Voter ID # _____					

Privacy Statement: The information in this form is collected under the authority of the Nunavut Elections Act. The information will only be used for elections, by-elections and plebiscites. Questions can be directed to: Chief Privacy Officer, Elections Nunavut: privacy@elections.nu.ca or call 800.267.4394.