



ELECTOR REGISTRATION APPLICATION

Reason for Application

I am registering for the 1st time
 My address has changed
 My name has changed

Elector Information

Last name	First name	Middle name

Date of birth (year- month-day)	Gender	Identification
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	Driver's License # _____ <input type="checkbox"/> other

Has your name changed? If yes, please provide your previous name	Previous name

Residential Street Address (where you live)

Street #	Street name	Unit #	Postal Code
			Y1A

Mailing Address (if different from above)

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Contact Information (optional)

Phone number	Email address

Declaration

I hereby apply to be added to the list of electors for the City of Whitehorse and declare that:

- I am a Canadian Citizen, and
- that as of October 17, 2024, I will:
- be at least 18 years of age, and
 - have lived in the City of Whitehorse for at least 12 months

Signature of elector
Date

Declared before me _____
Signature of election officer

To be completed by election officer

Entered in VoterView <input type="checkbox"/>	EO initials _____	Elector ID _____
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