

## Notice of Registration to the Electoral List of the Sir Wilfrid Laurier School Board

I, Family Name at Birth (Maiden Name)		Given Name		
notify the Returning Officer of the Sir be included on the electoral list of the	Wilfrid Laurier School B			
IDENTIFICATION OF THE ELECTOR	₹:			
Family Name at Birth:				
First or Given Name (as it appears on your Medicare Card):				
Date of Birth:	Year	Month	Day	
Sex:	Female:	Male:		
Permanent Address:				
	Number	Street	Apt.	
	City	Province	Postal Code	
Telephone Number:				
		Area Code + Number		
I do not have a child e	nrolled in a French So	chool Board		
OATH: To the best of my known and accurate.2	owledge I affirm that	the information stated	above to be true	
Year Month Da	<u> </u>	Signature		
PLEASE RETURN TO THE SIR WILERID LAURIER SCHOOL BOARD				

at the address below