



TOWN OF FORT ERIE APPLICATION FOR REMOVAL OF DECEASED PERSON'S NAME FROM VOTERS' LIST

APPLICATION MADE BY:

last	first	middle
street number & name, apt/unit # (if house apt, indicate floor level-e.g. basement, 1 st floor, etc.)		
city	province	postal code

IN RESPECT OF:

last	first	middle
roll number	ward	voting subdivision #
street number & name, apt/unit # (if house apt, indicate floor level-e.g. basement, 1 st floor, etc.)		
city	province	postal code
relationship to applicant		

DECLARATION BY APPLICANT

I, the undersigned applicant, hereby declare,

That _____, died on or about _____
(name of deceased) (date)

and I apply to have his/her name removed from the Voters' List.

_____ name (please print) _____ signature _____ Date

This information is collected under s. 25 of the *Municipal Elections Act, 1996*.

CERTIFICATE OF APPROVAL/REFUSAL – TO BE COMPLETED BY CLERK

Approved

I hereby certify that the Voters' List for said voting subdivision in this municipality shall be amended in accordance with the above statement of facts or information.

Refused (state reason)

_____ signature of clerk

_____ date