

## APPLICATION TO REGISTER OR UPDATE A PROVINCIAL VOTER REGISTRATION

**200A** (22/01)

This information is collected under the authority of the *Election Act* and the *Freedom of Information and Protection of Privacy Act*. Elections BC will use this information to maintain the Provincial Voters List and List of Future Voters.

WARNING: IT IS AN OFFENCE TO MAKE A FALSE STATEMENT UNDER THE ELECTION ACT

## By submitting this form, I confirm that:

AGE

18+
Provincial List of Voters

- I am a Canadian citizen
- I have been a resident of B.C. for the past six months
- I am 18 or older

OR

- I am a Canadian citizen
- I am a resident of B.C
- I am 16 or 17 years old

AGE

16-17

List of Future Voters

## PLEASE COMPLETE THE INFORMATION BELOW IN BLOCK LETTERS

**★ MANDATORY INFORMATION UNDER THE ELECTION ACT** 

NAME AND DATE OF BIRTH						
FIRST NAME ★			MIDDLE NAME(S) ★		BIRTHDATE (YYYY/MM/DD) ★	
as your name changed? it has, please provide your previous name		LAST NAME				
	PREVIOUS F		FIRST AND MIDDLE NAME			
CONTACT AND IDENTIFICATION DETAILS						
CID NUMBER		LAST 6 DIGITS OF SIN		LAST 6 DIGITS OF PHN		
1		MOBILE TELEPHONE NUMBER		OTHER TELEPHONE NUMBER		
Check (✓) the ways you want Elections BC to contact you about elections and voting EMAIL ☐ TEXT MESSAGE ☐						
HOME ADDRESS (WHERE YOU LIVE)★						
MBER STREE	STREET NAME					
				POSTAL	CODE	
Have you moved recently?  If you have, please provide your previous address		EVIOUS HOME ADDRESS				
PREVIOUS CITY.			/TOWN			
MAILING ADDRESS (WHERE YOU GET YOUR MAIL)★						
AT MY HOME ADDRESS (✓) ☐ OR PLEASE PRINT YOUR MAILING ADDRESS BELOW						
				POSTAL	CODE	
	N DETAILS D NUMBER  to contact you about a  LIVE) *  MBER STREE  Address  PREVIO	PREVIOUS IN PREVIOUS IN PREVIOUS FOR PREVIOUS FOR PREVIOUS FOR PREVIOUS HOME AND PREVIOUS HOME AND PREVIOUS CITY/TOWN PREVIOUS	PREVIOUS LAST NAME  PREVIOUS FIRST AND  N DETAILS  D NUMBER  LAST 6 DI  MOBILE T  to contact you about elections and voting  LIVE) *  MBER  STREET NAME  PREVIOUS HOME ADDRESS  PREVIOUS CITY/TOWN  DU GET YOUR MAIL) *	PREVIOUS LAST NAME  PREVIOUS FIRST AND MIDDLE NAME  N DETAILS  D NUMBER  LAST 6 DIGITS OF SIN  MOBILE TELEPHONE NUMBER  TEXT N  LIVE)*  MBER  STREET NAME  PREVIOUS HOME ADDRESS  PREVIOUS CITY/TOWN  DU GET YOUR MAIL)*	PREVIOUS LAST NAME  PREVIOUS FIRST AND MIDDLE NAME  D NUMBER  LAST 6 DIGITS OF SIN  PREVIOUS NUMBER  TEXT MESSAGE  PREVIOUS HOME ADDRESS  PREVIOUS CITY/TOWN  DU GET YOUR MAIL) *  SE PRINT YOUR MAILING ADDRESS BELOW	

Please send your completed form to Elections BC:

Mailing Address:

PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6 Fax: 250-387-3578 / Toll-free Fax: 1-866-466-0665

Email: voterservices@elections.bc.ca

**Questions about registering to vote?** Contact Voter Services: voterservices@elections.bc.ca or 1-800-661-8683

Questions about privacy? Contact Privacy Officer: 1-800-661-8683, privacy@elections.bc.ca or PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6