

Municipal Elections Act Forms
Form 21: Application for a Proxy Vote
(Section 76)

Part 1
(to be completed by elector)

I declare that:

1. I am number _____ on the list of electors for Polling Division Number _____ in Polling District Number _____ of the Town/Municipality/Regional Municipality of _____ (the “Municipality”).

2. I am applying to vote by proxy because
(Place a check mark next to the applicable statement)

_____ I will be absent from the Municipality on the advance poll days and on ordinary polling day.

OR

_____ I cannot attend at the polling station because of illness or physical disability.

3. I appoint as my proxy voter _____ who is
(state full name)
(Place check mark next to the applicable statement)

_____ an elector and whose number on the list of electors is _____ for the Town/Municipality/ Regional Municipality of _____.

OR

_____ related to me as _____
(state relationship: child/grandchild/brother/sister/parent/grandparent[/]husband/wife)

and who is an elector on the list of electors of, the Town/Municipality/Regional Municipality of _____.

OR

(ONLY for residents of homes for the aged approved or nursing homes licensed under the Homes for Special Care Act)

_____ related to me as _____
(state relationship: child/grandchild/brother/sister/parent/grandparent[/]husband/wife)

and who is eighteen years of age or will as of the first advance polling day.

I declare that the above statements have been read by me or read to me and are true.

I also understand that I cannot vote in person on ordinary polling day unless I cancel the proxy paper before five o'clock on the afternoon of Friday, the eighth day before ordinary polling day.

Dated at _____, this _____ day of _____, _____.

Signature of the Elector

Part 2
Certificate of Proxy Voter
(to be completed by the proxy voter)

I, _____, certify that:
(print name of proxy voter)

1. To the best of my knowledge, information and belief, all the information contained on the above appointment of proxy voter is correct; and

2. **(Place a check mark next to the applicable statement)**

_____ I have not previously been appointed as proxy voter for any other elector during the pending election.

OR

_____ I have previously been appointed as proxy voter only for one other elector during the pending election, who is not related to me, and I am related to the elector to whom this appointment relates as _____.
(state relationship: child/grandchild/brother/sister/parent/grandparent[/]husband/wife)

OR

_____ I have previously been appointed as proxy voter during the pending election only for:

(name and full address)

who is/are related to me as follows:

(state relationship: child/grandchild/brother/sister/parent/grandparent[/]husband/wife)

3. I am

(Place a check mark next to the applicable statement)

_____ an elector on the list of electors for the same municipality as the elector for whom I have been appointed as proxy voter.

OR

(ONLY for proxy voters for residents of homes for aged approved or nursing homes licensed under the *Homes for Special Care Act*)

_____ related to the elector for whom I have been appointed as proxy voter as

(state relationship: child/grandchild/brother/sister/parent/grandparent/husband/wife)

and I am or will be eighteen years of age as of the first advance polling day.

Dated at _____, this _____ day of _____, _____.

Signature of Proxy Voter

PLEASE READ THE FOLLOWING IMPORTANT NOTICES:

1. A person may act as proxy voter for one unrelated elector and any number of electors who are a child, grandchild, brother, sister, parent, grandparent, husband or wife of the proxy voter.
2. This form must be presented to the Returning Officer by the elector or proposed proxy voter in person before five o'clock on the afternoon of Friday the eighth day before ordinary polling day so that a Proxy Paper in Form 22 may be issued.
3. **APPOINTING A PROXY VOTER MEANS THAT THE ELECTOR CANNOT VOTE OTHER THAN BY PROXY. THIS APPLICATION FORM DOES NOT PERMIT AN ELECTOR TO VOTE ON ELECTION DAY.**

Form 21 replaced: N.S. Reg. 78/2016.