Mail-in Voter Declaration to Nominate Candidates

In the	matter of the election of the Pasqua F	First Nation, held accord	ing to the <i>First Nations</i>		
Electic	on Regulations, I,(Please print yo		nly declare that:		
1.	I am a member of the Pasqua First Nation.				
2.	My band/treaty/registry/status numb is	er is	and/or my date of birth		
3.	My current mailing address is:(Street number and name or P.O. Box)				
	(First Nation/Municipality)	(Province/Territory)	(Postal code)		

4. I am at least 18 years of age.

5. I do not know of any reason why I would be disqualified from voting at this election.

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath. I understand that it is an offence to make a false statement in this declaration.

;	Signature of Elector	Date				
WITNESS DECLARATION (to be filled out by any person who is at least 18 years old)						
Declared before me	(name)	at(municipality)				
	_ day of(month)					
(date)	(month)	(year)				
Signature of Witness						
Note: This signature nomination.	e does not constitute the	witness as a seconder to this				
Address:	e or P.O Box)					
(First Nation/M	lunicipality) (Province)	(Postal code)				
Telephone Number of \	Witness: ()					

Mail-In Nomination Form

I,	, Band	#			
(Pleas	se print name)				
of the		hereby nominate			
	(Name of First Nation)	,			
	(Name of nominee)				
of the					
or the	(Name of First Nation)				
for the position of					
NOMINEE FOR CANDIDATE INFORMATION					
Address	First Nation/Municipality Province/T	erritory Postal code			
E-mail, if applicable	() Telephone Numbe	er			
	NOMINATOR INFORMATION				
Address	First Nation/Municipality Province	e/Territory Postal code			
E-mail, if applicable		er			
Signature	Date				
	lephone number and address be included a out for clarification regarding the name of the n				