

**Application to Amend Voters' List
(Remove Deceased Person)
Form EL15(B)
Municipal Elections Act, 1996 s. 25**



Documentation confirming Proof of Death must be provided.

Accepted documentation can include: Burial or Death Certificate, document or receipt issued by a cemetery or crematorium in Ontario, life or group insurance claim along with a statement signed by a medical doctor, Medical Certificate of Death, Memorandum of Notification of Death, issued by the Chief of the Defence Staff, Notarial Copy of Letters Probate, Official Notification from the Office of the Public Guardian and Trustee, Program or Notice from a Funeral Ceremony, Registration of Death, Statement from a Doctor, Coroner, or Funeral Director, or a Statement of Verification of Death from Veterans Affairs Canada

Applicant Information		
Last Name:	First Name:	Middle Name:
Relationship to the Deceased:		
Full Address:		
Phone Number:		Email Address:
Deceased Information		
Last Name:	First Name:	Middle Name:
Birth Date		
Month:	Date:	Year:
Previous Qualifying Address		
Street Address:		Postal Code:

Declaration of Applicant: By providing proof of death, I request that the deceased person named above, be removed from the Voters' List. By signing below, I hereby declare that all of the information I have provided is true and correct to the best of my knowledge, knowing that it is of the same force and effect as if made under oath. I further acknowledge that any false statement made herein is an offence under the **Municipal Elections Act, 1996**, and subject to prosecution.

Signature of Applicant

Date of Signature

Privacy Statement: The information collected on this form is collected under the authority of s.17, s.24, and s.25 of the *Municipal Elections Act, 1996*, and s.16 of the *Assessment Act, 1990*, and will be used to determine whether a deceased elector should be removed from the Voters' List. Questions about the collection of this information should be directed to the Director of Council Services/Clerk (Returning Officer), Town of LaSalle, 5950 Malden Road, N9H 1S4. Phone: 519-969-7770.

For Election Official Use Only (to be completed by the Clerk or designate)

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

Refused ☐ State reason for refusal below:

signature of Clerk or designate

date