

# Appointment and Oath of Agent to Receive and Return Write-in Ballots

## Part 1: Appointment of Agent by Elector who is ill or disabled

I, \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Civic address)

declare that:

- I am unable to personally come to the returning office in the Electoral District of: \_\_\_\_\_, or to go to the \_\_\_\_\_  
 Special, Advance or Ordinary poll, because I have a disability or illness which prevents me from voting in person.
- I wish to vote by Write-in ballot, and I am applying to appoint the agent named below to receive the blank Write-in ballot on my behalf, and to return it to the Returning Office after I have marked it and completed the necessary declarations.
- I appoint \_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Civic address)  
 \_\_\_\_\_ (Telephone no.)

as my agent, who is

- at least 18 years of age as of election day
- ordinarily resident in Nova Scotia
- one of the following (check (✓) the appropriate box):
  - on the same List of Electors as I am, or
  - my child, grandchild, brother, sister, parent, grandparent, husband or wife.

**(underline the relationship of the agent to you)**

\_\_\_\_\_  
 Signature of Applicant (Elector)

\_\_\_\_\_  
 Date

## Part 2: Oath of Agent of Elector to be completed at Returning Office

I swear (or solemnly affirm) that I:

- I have been appointed the agent for \_\_\_\_\_ (Name of elector)  
 \_\_\_\_\_ (Address of elector)
- I am qualified under the *Elections Act* to be so appointed.
- I have not been appointed as an agent for any other elector who is not related to me as a child, grandchild, brother, sister, parent, grandparent, husband or wife.
- I will accept the Write-in ballot materials on behalf of the elector named, and will keep the contents secure until delivered to the elector.
- I understand that the elector must mark the ballot in secret and that any information that I may learn about the marking of the ballot must remain secret.
- I will return the completed Write-in ballot entrusted to me to the Returning Office prior to 7:00 PM on election day.**

Sworn (or affirmed) at \_\_\_\_\_,  
 in the County of \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_,  
 before me,

\_\_\_\_\_  
*A Commissioner, etc.*  
*(See the Elections Act, Section 196)*

\_\_\_\_\_  
 Signature of Agent

**OFFICE USE ONLY**

Rejected  Approved

\_\_\_\_\_  
 Signature of Returning Officer

\_\_\_\_\_  
 Date