**Form 9**

**Ratification Process**

**ELIGIBLE VOTER DECLARATION DOCUMENT**

**To Vote in the Hiawatha First Nation Ratification Vote**

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am an Eligible Voter and:  (Print full name)**(Check one only)**□ I will be casting my ballot in person at a polling station; OR□ I wish to cast my ballot via internet voting; OR□ I wish to cast my ballot via automated telephone voting; OR □ I wish to receive a mail-in ballot package.  |

My mailing address is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postal/Zip Code

My e-mail address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| I confirm that I am at least 18 years of age, or will be 18 years of age by the Official Voting Day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ and I am a Citizen of the Hiawatha First Nation, and that:My Band Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and my Date of Birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; And that I have signed this Voter Declaration, together with a witness to my signature.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Eligible Voter Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Witness Print Name of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone of Witness |
| For Ratification Officer’s Use Only |
| This is to certify that this Eligible Voter has completed the declaration and his or her full name, band number and date of birth have been recorded on the List of Eligible Voters.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Ratification Officer |