

Nomination paper

Identification of the candidate

* Given name	<input type="text"/>	<div style="background-color: black; color: white; padding: 5px; font-weight: bold;">IMPORTANT</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">The given name and surname opposite will be entered on the ballot paper</div>																				
* Surname	<input type="text"/>																					
<input type="checkbox"/> Where applicable, I have appended an affidavit with this form to the effect that my ordinary given name and surname are those under which I am commonly known in political, professional and social life.																						
* Date of birth	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Month</td> <td colspan="2" style="text-align: center; font-size: small;">Day</td> <td colspan="6"></td> </tr> </table>											Year	Month	Day								
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* Occupation	<input type="text"/>																					
* Address	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Number</td> <td style="text-align: center; font-size: small;">Street</td> <td colspan="4" style="text-align: center; font-size: small;">Municipality</td> <td colspan="4" style="text-align: center; font-size: small;">Postal code</td> </tr> </table>											Number	Street	Municipality				Postal code				
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Home					Other number																	

Status

* Membership in an authorized political party	<input type="text"/>								
Name of the party as authorized									
<input type="checkbox"/> I am appending hereto a letter from the leader of the authorized party who recognizes me as a candidate of that party.									
or									
* I want the mention "Independent" to appear on the ballot paper.									
<input type="checkbox"/> Yes, in	<table style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>French</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>English</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>French/English</td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td>English/French</td></tr> </table>		French		English		French/English		English/French
	French								
	English								
	French/English								
	English/French								
<input type="checkbox"/> No									

Official agent

* Given name	<input type="text"/>																					
* Surname	<input type="text"/>																					
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Home					Other number																	
* Signature of the official agent	<input type="text"/>																					

Designation of mandataries and sworn oaths of persons who collected the supporting signatures

Candidate – Complete this section if supporting signatures were collected

I, _____, state under oath that the _____ people whose names appear opposite my initials on the nomination paper affixed their signature in my presence, that I know them and that to my knowledge, they are electors in the electoral division concerned.

* **Signature of the candidate** _____

* **Initials of the candidate** _____

Stated under oath before me in _____,

on _____ 20____. _____

Signature of the returning officer

Mandatory

* _____
Given name

* _____
Surname

Domiciled at

_____ Postal code
Number Street Municipality

_____ Email
Telephone Other number

* **Signature of the mandatory** _____

Complete this section if supporting signatures were collected by the mandatory

I, _____, state under oath that the _____ people whose names appear opposite my initials on the nomination paper affixed their signature in my presence, that I know them and that to my knowledge, they are electors in the electoral division concerned.

* **Signature of the mandatory** _____

* **Initials of the mandatory** _____

Stated under oath before me in _____,

on _____ 20____. _____

Signature of the returning officer

Mandatory

* _____
Given name

* _____
Surname

Domiciled at

_____ Postal code
Number Street Municipality

_____ Email
Telephone Other number

* **Signature of the mandatory** _____

Complete this section if supporting signatures were collected by the mandatory

I, _____, state under oath that the _____ people whose names appear opposite my initials on the nomination paper affixed their signature in my presence, that I know them and that to my knowledge, they are electors in the electoral division concerned.

* **Signature of the mandatory** _____

* **Initials of the mandatory** _____

Stated under oath before me in _____,

on _____ 20____. _____

Signature of the returning officer

* Mandatory information

Designation of mandataries and sworn oaths of persons who collected supporting signatures (cont'd)

Mandatory *
Given name

*
Surname

Domiciled at _____
Number Street Municipality Postal code

Telephone Other number Email

* **Signature of the mandatory** _____

Complete this section if supporting signatures were collected by the mandatory

I, _____, state under oath that the _____ people whose names appear opposite my initials on the nomination paper affixed their signature in my presence, that I know them and that to my knowledge, they are electors in the electoral division concerned.

* **Signature of the mandatory** _____

* **Initials of the mandatory** _____

Stated under oath before me in _____,

on _____ 20 ____ . _____

Signature of the returning officer

Mandatory *
Given name

*
Surname

Domiciled at _____
Number Street Municipality Postal code

Telephone Other number Email

* **Signature of the mandatory** _____

Complete this section if supporting signatures were collected by the mandatory

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* **Signature of the mandatory** _____

* **Initials of the mandatory** _____

Stated under oath before me in _____,

on _____ 20 ____ . _____

Signature of the returning officer

* Mandatory information

Declaration of the candidate

* I have appended hereto

my birth certificate

or

one of the following identification documents:

my Québec health insurance card

my Certificate of Canadian citizenship

my Québec driver's licence

my Canadian passport

a copy of the order changing my name

and

A photograph of me showing a full head view from the front or slightly from the side, from the shoulders up with the face fully visible, against a plain light background and using photographic paper. The photograph must be passport size 50 mm wide x 70 mm high (2 inches wide x 2¾ inches high) and must be signed by me on the back.

* I, _____, am undertaking to run as a candidate in the electoral division of _____,

and state that: 1. I am a qualified elector within the meaning of section 1 of the Election Act;
2. I am not ineligible within the meaning of section 235 of the Election Act.

In witness whereof, I have signed

in _____, on _____ 20_____.

* **Signature of the candidate**

* Mandatory information

**Authorization of an independent candidate
(check off one of the boxes and sign)**

<input type="checkbox"/>	I hereby request to be authorized as an independent candidate pursuant to section 59 of the Election Act and I am providing the information below as required under the Election Act.
<input type="checkbox"/>	I have been authorized by the Chief Electoral Officer as an elector who undertakes to run as an independent candidate pursuant to section 59.1 of the Election Act.
<input type="checkbox"/>	I have been authorized by the Chief Electoral Officer as an independent Member of the National Assembly pursuant to section 62.1 of the Election Act.
<input type="checkbox"/>	I do not wish to be authorized as an independent candidate. I understand that I cannot canvass or collect contributions, incur expenses, even from my own assets, or take out loans, otherwise, I will be committing an offence under the Election Act.

Identification of the independent candidate

(given name and surname at birth, if different from those indicated in the "Identification of the candidate" section)

* Given name	<input type="text"/>
* Surname	<input type="text"/>
* Address for communications (if different from that indicated in the "Identification of the candidate" section)	
<input type="text"/>	<input type="text"/>
Number Street	Municipality
	<input type="text"/>
	Postal code
* Telephone (if not indicated in the "Identification of the candidate" section)	
<input type="text"/>	
* Address of the books and accounts	
Indicate the address where the books and accounts related to the contributions collected and the expenses incurred will be kept:	
<input type="text"/>	<input type="text"/>
Number Street	Municipality
	<input type="text"/>
	Postal code
<input type="text"/>	<input type="text"/>
* Signature of the independent candidate	Date

Attestation of the authorization by the returning officer

On behalf of the Chief Electoral Officer, I accept your application for authorization as an independent candidate:	
<input type="text"/>	<input type="text"/>
Signature of the returning officer	Date

* Mandatory information

Supporting signatures

We, the undersigned, electors entered on the list of electors for the electoral division of _____, hereby support the candidacy of:

Given name

Surname

for the election of a Member of the National Assembly for said electoral division.

The elector who supports a nomination paper must be entered on the list of electors for the electoral division for which the signature is collected.

Legal provisions

Under section 245 of the Election Act, the returning officer shall verify if the persons supporting the candidacy are indeed entered on the list of electors for the electoral division.

Penalties (Section 552 (2) (3) of the Election Act) Every person who supports a nomination paper, when she or he is not an elector whose name is entered on the list of electors for the electoral division for which the nomination paper is filed and every person who uses the signature of others as support on a nomination paper commits an offence and is liable to:

1° A fine of \$500 to \$10,000 for a first offence;

2° A fine of \$3,000 to \$30,000 for every subsequent offence within five years.

Space reserved for verification	WRITE LEGIBLY AND IN BLOCK LETTERS YOUR SURNAME, GIVEN NAME AND ADDRESS AS THEY APPEAR ON THE LIST OF ELECTORS				Initials of the person who collects the signatures		
	No.	Surname (at birth)	Given name	Address (domicile)		Municipality	Signature
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						

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	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						

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	No.	Surname (at birth)	Given name	Address (domicile)	Municipality	
	61					
	62					
	63					
	64					
	65					
	66					
	67					
	68					
	69					
	70					

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	81							
	82							
	83							
	84							
	85							
	86							
	87							
	88							
	89							
	90							

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	101						
	102						
	103						
	104						
	105						
	106						
	107						
	108						
	109						
	110						

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	121						
	122						
	123						
	124						
	125						
	126						
	127						
	128						
	129						
	130						

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	142						
	143						
	144						
	145						
	146						
	147						
	148						
	149						
	150						

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	No.	Surname (at birth)	Given name	Address (domicile)		Municipality	Signature
	161						
	162						
	163						
	164						
	165						
	166						
	167						
	168						
	169						
	170						

Receipt

I, _____, returning officer, have received this nomination paper. All of the required documents are appended hereto. Subject to the verification of the entry on the list of electors of the electors supporting this nomination paper, in all appearances it meets the requirements of the Election Act.

On _____ 20____.

Signature of the returning officer

Notice of conformity

I hereby certify that at least 100 electors supporting this nomination paper are entered on the list of electors for the electoral division and that this nomination paper meets the requirements of the Election Act.

On _____ 20____, at _____ (specify time and a.m. or p.m.).

Signature of the returning officer