

**REMOVAL OF DECEASED PERSON'S NAME
FROM THE VOTERS' LIST**

FORM HAWK-11

MUNICIPAL ELECTIONS ACT, 1996 (S.25)

Surname:		Given Name(s):	
Address of Residence:		Apt N°:	Postal Code:
IN RESPECT TO			
Name as entered on Voters' List			
Address of Residence:		Apt N°:	Postal Code:
ENTERED ON LIST FOR			
Ward N°: (if any)	Voting Subdivision N°: (if any)	Assessment Roll N° (to be completed by the Clerk)	
STATEMENT BY APPLICANT			
I, the undersigned, hereby state:			
That I have good reason to believe that the person named above as entered on the Voters' List for the said voting subdivision in the municipality is deceased and therefore the name should be removed from the Voters' List.			
_____ Signature of Applicant		_____ (date signed)	