

**Attestation of Identity and Ordinary Residence for  
Elector in Long Term Care or Supportive Living Facility**

Electoral Division of Lac La Biche County

**Both Sections 1 and 2 must be completed.**

**SECTION 1**  
To be completed by the elector  
(please print except for signature)

Only one place of ordinary residence is permitted. A person's place of ordinary residence is where a person lives and sleeps and when absent from it, the person intends to return.

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(first name) (middle name) (surname)

based on the definition above, ordinarily reside and receive services at: \_\_\_\_\_  
(name of facility)

\_\_\_\_\_  
(address of facility) (city/town/village) (postal code)

and certify that the information I have provided is true.

\_\_\_\_\_  
(signature of elector) (date)

**SECTION 2**  
To be completed by the authorized representative of the facility  
(please print except for signature)

I, the undersigned, am an authorized representative of:

\_\_\_\_\_  
(name of facility) (facility type – e.g. long term care or supportive living)

\_\_\_\_\_  
(address of facility) (city/town/village) (postal code)

and certify the identity and ordinary residence of the elector named in **SECTION 1**.

Certified by:

\_\_\_\_\_  
(name and job title of authorized representative) (phone number)

\_\_\_\_\_  
(signature of authorized representative) (date)