

**Voluntary Authorization to Release Information to  
Update the Provincial and Federal Voters Lists - P.6-A**

I authorize, by my signature below, that the Returning Officer of the municipality of

\_\_\_\_\_ may forward the information to Elections Newfoundland and Labrador for the sole purpose of updating the Voters Lists for provincial and federal elections.

Print Full Name:		Date of Birth (dd/mm/yyyy):		
Previous Name (If Applicable):				
Current Civic Address (Street No. & Name):		Apt No:	Current Mailing Address (Street No. & Name or P.O. Box):	
City/Town:	Postal Code:	City/Town:	Postal Code:	Telephone:
Previous Civic Address (Street No. & Name):		Apt No:	Previous Mailing Address (Street No. & Name or P.O. Box):	
City/Town:	Postal Code:	City/Town:	Postal Code:	Telephone:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Voter

**Please return this authorization to:**

Elections Newfoundland and Labrador  
39 Hallett Crescent,  
St. John's NL  
A1B 4C4

Questions? Call Toll Free 1-877-729-7987