

Part 1: Candidate Information: Please email completed package to ceo@mnselection.ca

Can	didate Name:					
		1		1		
	(First)		(Middle)		(Last)	
C	ne to appear on the Ballo Same as Above Different:	t:				
		/				
	(First)		(Middle)		(Last)	
Phys	sical Address:					
Maili	ng Address:					
	al Code:		Contact Phone:			
Fma						
Ema	il:					
	il:		Date of Birth:	_DayMon	thYear	
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art 2 the u aska	il:	extion (To exwear/affirm and in pare eting the crice with the	be completed by m that I am eligible rticular that: iteria described in Ar Métis Nation – Sask	_DayMon / Candidate) to be a candid ticle 10 of the Catchewan Citize	thYear tate in the Métis N onstitution and am enship Act.	
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Part 3: Candidate's Nomination / Witness:

Candidate Name:		
///	(Middle)	/
Candidate's Signature:		
Witness Oath: I, (Witness)		solemnly declare that:
	ntiously believing i	sign this Oath. t to be true and knowing that it is of the by virtue of the Canada Evidence Act.
Witness Name:		
//	(Middle)	/
Witness to Candidate's Signature:		t be an eligible voter)
Address of Witness:		
Phone Number of Witness:		
Sworn / Affirmed before me at		, in the Province of
Saskatchewan, thisDay of	, 2025.	

WARNING – Knowingly making a false oath / affirmation is a serious criminal offence and may result in prosecution and conviction for perjury under the Criminal Code. Everyone who commits perjury is guilty of an indictable offence and liable for imprisonment for a term not exceeding 14 years.



Part 4: Nominator - Example

I, Arthur Brown Nominate, Jane Doe
for election to the Provincial Métis Youth Council for Regional Representative in ER2
Signature of Nominator: Arthur Brown
Nominator's Full Name:
Arthur / James / Brown . (First) (Middle) (Last)
Physical Address: <u>123 Ash Street, Saskatoon Saskatchewan</u> .
Mailing Address: PO Box 123, Saskatoon, Saskatchewan .
Postal Code: S0A 8B9 Contact Phone: 306-123-4567
Email: arthurbrown.sample@gmail.com Date of Birth: 01 Day 01 Month 2006 Year.
Declaration of Witness to Nominator:
Witness Oath: I, (Witness) solemnly declare that I witnessed
(Nominator): sign the Nomination Papers for
(Candidate):and that:
I personally know this person.I am an eligible voter.
 This person signed the Nomination Papers in my presence.
 I make this declaration conscientiously believing it to be true and knowing that it is of the
same force and effect as if made under Oath or Affirmation.
Declared at (Place) Month 2025 Year.
Signature of Witness: <u>7cvry Smith</u>
Witness Physical Address: 345 Poplar Street
Postal Code: S1B 2C3 . Witness Phone: 306-555-1234
Date of Birth: 02 Day 02 Month 2006 Year



Part 4: Nominator

I,	Nominate,			
for election to the Provincial Métis Yo	outh Council for			
Regional Representative In:				
Signature of Nominator				
Nominator's Full Name:				
1			/	
(First)	(Middle)	·	(Last)
Physical Address:				
Mailing Address:				
Postal Code:	Contact Phone:			
Email:	Date of Birth:	_Day	_Month _	Year
Declaration of Witness to Nominat	or:			
Witness Oath: I, (Witness)				_solemnly declare
that I witnessed (Nominator):				_sign the
Nomination Papers for (Candidate): _				and that:
 I personally know this person. I am an eligible voter. This person signed the Nomir I make this declaration conscisame force and effect as if ma 	nation Papers in my p entiously believing it	to be true		•
Declared at (Place)	, thisDa	y of	_, 2025.	
Signature of Witness:				
Witness Physical Address:		Postal (Code:	
Witness Phone:	Date of Birth	Day	Month	Year.



Part 4: Nominator

l,	Nominate,	
for election to the Provincial Métis Yo	outh Council for	
Regional Representative In:		
Signature of Nominator		
Nominator's Full Name:		
///	(Middle)	(Last)
Physical Address:		
Mailing Address:		
Postal Code:	Contact Phone:	
Email:	Date of Birth:DayMo	onthYear
Declaration of Witness to Nominate	or:	
Witness Oath: I, (Witness)		solemnly declare
that I witnessed (Nominator):		sign the
Nomination Papers for (Candidate): _		and that:
Declared at (Place)	, thisDay of, 20	025.
Signature of Witness:		
Witness Physical Address:	Postal Code	> :
Witness Phone:	Date of BirthDay M	lonthYear.



Part 4: Nominator

l,	Nominate,			
for election to the Provincial Métis You	uth Council for			
Regional Representative In:				
Signature of Nominator				
Nominator's Full Name:				
///	(Middl	(e)	_/	(Last)
Physical Address:				
Mailing Address:				
Postal Code:	Contact Phone:			
Email:	Date of Birth:	Day	Month _	Year
Declaration of Witness to Nominato	or:			
Witness Oath: I, (Witness)				_solemnly declare
that I witnessed (Nominator):				_sign the
Nomination Papers for (Candidate): _				_and that:
 I personally know this person. I am an eligible voter. This person signed the Nomina I make this declaration conscies same force and effect as if ma 	entiously believing i	t to be true	e and know	•
Declared at (Place)	, thisDa	ay of	, 2025.	
Signature of Witness:				
Witness Physical Address:		Postal	Code:	
Witness Phone:	Date of Birth	Day	Month	Year.