

**In the matter of Section 167 of Chapter 300 of
the Revised Statutes of Nova Scotia, 1989,
the *Municipal Elections Act***

-and-

**In the matter of an amendment to the regulations
respecting *Municipal Elections Act* forms
made by the Minister of Municipal Affairs and Housing**

Order

I, John Lohr, Minister of Municipal Affairs and Housing for the Province of Nova Scotia, pursuant to Section 167 of Chapter 300 of the Revised Statutes of Nova Scotia, 1989, the *Municipal Elections Act*, hereby amend the regulations respecting *Municipal Elections Act* forms, N.S. Reg. 84/1997, made by the Governor in Council by Order in Council 97-469 dated July 15, 1997, by

- (a) repealing Forms 3, 9 and 11 and the attached substituting Forms 3, 9 and 11;
- (b) repealing Form 11A;
- (c) repealing Form 11B and substituting the attached Form 11B;
- (d) repealing Form 11C;
- (e) repealing Forms 14, 15, 16, 19, 20, 22, 27 and 30 and substituting the attached Forms 14, 15, 16, 19, 20, 22, 27 and 30;
- (f) repealing Form 31A; and
- (g) repealing Forms 34A, 39, 40, 41, 44 and 45 and substituting the attached Forms 34A, 39, 40, 41, 44 and 45.

This order is effective on and after the date it is filed.

Dated and made July 5, 2024, at Halifax Regional Municipality, Province of Nova Scotia.



Honourable John Lohr
Minister of Municipal Affairs and Housing

**Form 3: Certificate in Respect to Charges that are Liens/Taxes
(Sections 17, 44, 45)**

I certify that as of the _____ day of _____, _____, *(nomination day)*
_____ *(name of candidate)* has fully paid all (i) the charges that
are liens on property that are due, (ii) all the municipal taxes that are due, and (iii) all instalments
or interim payments that are due as of nomination day have been paid to the Town/Municipality/
Regional Municipality of _____ from the candidate.

Clerk, Treasurer, Collector or other official
having knowledge of the facts

**Form 9: Oath or Affirmation of Person Applying for
Amendment of the List of Electors
(Section 35, 36)**

I _____ of _____, swear (or
_____ *(name)* _____ *(address)*
solemnly affirm) that I believe that _____ of
_____ *(name)*
_____, registered on the list of electors for
_____ *(address)*
Polling Station Number _____ in Polling District Number _____, in the Town/
Municipality/Regional Municipality of _____

(the "Municipality") should not be on the list because **(place a check mark next to the
applicable statement)**

- _____ the person does not reside at the address shown;
- _____ the person is not the full age of eighteen years and will not be as of the first advance
polling day;
- _____ the person is not a Canadian citizen or will not be as of the first advance polling
day;
- _____ the person has not been or will not have been ordinarily resident in:

- the province of Nova Scotia for six (6) months; and
- the Municipality.

as of the first advance polling day in this election;

_____ the person is dead.

Sworn (or affirmed) at _____
 in the _____ of _____
 this _____ day of _____,
 _____, before me

 Revising Officer

 Applicant

**Form 11: Nomination Paper (Mayor or Other Council Member)
 (Section 44)**

We, the qualified electors whose names appear on the amended list of electors of the Town/
 Municipality/Regional/Municipality of _____,

nominate _____ of
 (name)

 (civic address)

 (postal code)

 (include mailing address if different than civic address)

as a candidate for the office of _____ for the election to be held

on the _____ day of _____, _____.

Name (please print)

Civic Address

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____

Note:

- 1. These electors must be qualified to vote at the election of the candidate. At least 5 qualified electors must sign the nomination form.**
- 2. Nomination forms are open for inspection by the public once signed by the Returning Officer.**

Consent and Oath or Affirmation of Candidate

I solemnly swear (or affirm) that:

1. I (The candidate), _____, consent(s) to the nomination.
(name as it should appear on the ballot paper)
2. I am (The candidate is) a Canadian citizen.
3. I am (The candidate is) of the full age of eighteen years.
4. I have (The candidate has) been ordinarily a resident in the Town/Municipality/Regional Municipality of _____, (or in an area annexed to the Town/Municipality/Regional Municipality), for a period of six months preceding nomination day and I intend (the candidate intends) to continue to so reside.
5. I am (The candidate is) not indebted to the Town/Municipality/Regional Municipality of _____ for any charges that are liens on property or taxes, or all instalments or interim payments that are due as of nomination day have been paid, and a certificate from the _____ to this effect is attached.
6. I have (The candidate has) not been convicted of bribery or of committing a corrupt practice under the *Municipal Elections Act* within the five years preceding nomination day.
7. I have (The candidate has) read the Sections of the *Municipal Elections Act* related to

persons disqualified to vote, to be nominated or to serve on a council and none of the reasons for disqualification listed in those Sections apply to me (the candidate).

8. I have (The candidate has) read and I understand (the candidate understands) the provisions of the *Municipal Elections Act* related to the requirement to take a leave of absence if I am (the candidate is) an employee of the Town/Municipality/Regional Municipality within the meaning of those provisions.
9. I understand (the candidate understands) that a list of electors is permitted to be used for election purposes and for no other purposes and that it is not to be open for inspection, disposed of or sold.
10. I understand (the candidate understands) that, within 7 days following the election, all copies of the list of electors in my (the candidate's) possession must be returned and all electronic copies must be returned, destroyed or deleted. I further understand (The candidate understands) that if I fail (the candidate fails) to do so, I forfeit (the candidate forfeits) any candidate's deposit to which I (the candidate) might otherwise be entitled to receive.
11. I (The candidate) will accept the office of _____ if elected.
12. I appoint (The candidate appoints) _____ of _____ as my (the candidate's) official agent under the *Municipal Elections Act*.

Sworn (or affirmed) at _____
in the County of _____
this _____ day of _____
_____, before me

Authorized Administrator of Oath
(See Section 146)

Candidate (or Agent if authorized
and the authorization is attached)

Receipt

Received from the above-named candidate or from the candidate's agent on the candidate's behalf a completed nomination paper and the sum of _____ in legal tender or a certified cheque or money order made payable to the Town/Municipality/Regional Municipality of _____ as a deposit pursuant to the *Municipal Elections Act*.

Dated at _____ this _____ day of _____, _____.

Returning Officer

**Form 11B: Nomination Paper (*Conseil scolaire acadien provincial*)
(Section 44)
(Section 13, *Education (CSAP) Act*)**

District _____
(name)

We, the qualified electors whose names appear on the amended list of electors for the
municipality shown opposite each name, nominate: _____ of
(name)

(civic address)

(postal code)

(include mailing address if different than civic address)

as a candidate for the office of _____ for the election to be held on
the _____ day of _____, _____.

(Note: Nominators to sign below and also to sign "Statement of Nominators".)

Name (please print)	Civic Address	Municipality
_____	_____	_____

Signature

Name (please print)	Civic Address	Municipality
_____	_____	_____

Signature

Name (please print) **Civic Address** **Municipality**

Signature

Name (please print) **Civic Address** **Municipality**

Signature

Name (please print) **Civic Address** **Municipality**

Signature

Note:

- 1. These electors must be qualified to vote at the election of the CSAP candidate.**
- 2. Nomination forms are open for inspection by the public once signed by the Returning Officer.**

Statement of Nominators

Under the *Education (CSAP) Act*, only an “entitled person” may nominate a candidate for election as a member of the *Conseil scolaire acadien provincial*. “Entitled person” is defined to mean an entitled parent or a person who, not being an entitled parent, would be an entitled parent if the person were a parent.

Under the *Education (CSAP) Act*, an “entitled parent” is defined to mean a person who is a Canadian citizen AND

- (a) whose first language learned and still understood is French; OR

- (b) who received their primary school instruction in Canada in a French-first-language program; OR
- (c) who is the parent of a child who has received or is receiving primary or secondary school instruction in Canada in a French-first-language program (note that the definition of “parent” does not include a guardian or person acting *in loco parentis* to a child).

I state that I am an “entitled person” within the meaning of this definition.

Name (please print)	Signature
Name (please print)	Signature
Name (please print)	Signature
Name (please print)	Signature
Name (please print)	Signature

Statement of Candidate

Under the *Education (CSAP) Act*, only an “entitled person” may be a member of the *Conseil scolaire acadien provincial*. “Entitled person” is defined to mean an entitled parent or a person who, not being an entitled parent, would be an entitled parent if the person were a parent.

Under the *Education (CSAP) Act*, an “entitled parent” is defined to mean a person who is a Canadian citizen AND

- (a) whose first language learned and still understood is French; OR
- (b) who received their primary school instruction in Canada in a French-first-language program; OR
- (c) who is the parent of a child who has received or is receiving primary or secondary school instruction in Canada in a French-first-language program (note that the definition of “parent” does not include a guardian or person acting *in loco parentis* to a child).

I state that I am an “entitled person” within the meaning of this definition.

Candidate

(Note: This Statement must be signed by the candidate; it cannot be signed by the official agent.)

Consent and Oath or Affirmation of Candidate

I swear (or solemnly affirm) that:

1. I (The candidate), _____, consent(s) to the nomination.
(name as it should appear on the ballot paper)
2. I am (The candidate is) a Canadian citizen.
3. I am (The candidate is) of the full age of eighteen years.
4. I have (The candidate has) been ordinarily resident in the Province of Nova Scotia for a period of six months preceding nomination day, and continue(s) to so reside.
5. I have (The candidate has) not been convicted of any corrupt practice or bribery under the *Municipal Elections Act* within the ten years preceding nomination day.
6. I have (The candidate has) read and I understand (the candidate understands) all the provisions of the *Education (CSAP) Act* related to the disqualifications of a person from being nominated or to serve as a member of the *Conseil scolaire acadien provincial* and none of those reasons for disqualification apply to me (the candidate).
7. I understand (The candidate understands) that a list of electors is permitted to be used for election purposes and for no other purposes and that it is not to be open for inspection, disposed of or sold.
8. I understand (The candidate understands) that, within 7 days following the election, all copies of the list of electors in my (the candidate's) possession must be returned and all electronic copies must be returned, destroyed or deleted. I further understand (The candidate understands) that if I fail (the candidate fails) to do so, I forfeit (the candidate forfeits) any candidate's deposit to which I (the candidate) might otherwise be entitled to receive.
9. I (The candidate) will accept the office of the member of the *Conseil scolaire acadien provincial* if elected.

10. I (The candidate) appoint(s) _____ of _____
(name) (address)
as my (the candidate's) official agent under the *Municipal Elections Act*.

Sworn (or affirmed) at _____
in the County of _____
this _____ day of _____
_____, before me

Authorized Administrator of Oath
(Refer to Section 146)

Candidate (or Agent if authorized
and the authorization is attached)

Receipt

Received from the above-named candidate or from the candidate's agent on the candidate's behalf a completed nomination paper and the sum of _____ in legal tender or a certified cheque or money order made payable to the Town/Municipality/Regional Municipality of _____ as a deposit pursuant to the *Municipal Elections Act*.

Dated at _____ this _____ day of _____, _____.

Returning Officer

(A translation of this form is available in French.)

Form 14: Format of Poll Book (Section 68)

1. The cover of the poll book shall bear the subject of the election, the polling district number, and the date of ordinary polling day.
2. The first page of the poll book shall contain Form 2.
3. The second page of the poll book shall contain Form 16.
4. Form 24 shall be on the third page, then Forms 25, 26, 26A, 27, 28, and 29 shall follow.

5. Then shall follow twelve pages of Form 30.
6. Then shall follow three pages of Form 31.
7. Then shall follow two pages of Form 31B.
8. Then shall follow three pages of Form 32.
9. Then shall follow eight pages of Form 33 or 34 for each matter for which a poll was granted.
10. Then shall follow one page of Form 34A for each CSAP office to be elected.
11. Then shall follow eight pages of Form 35 for each matter for which a poll was granted.
12. Then shall follow two pages of Form 46, and the back cover.

This format may be varied by altering the number of copies of forms required to be included to suit the circumstances of the election. Additional or loose copies of some forms also may be used; these should be added to the poll book at the end of voting.

Form 15: Appointment of Agent (Polling Station)
(Section 71)

I, the undersigned, candidate (or the official agent of _____, *(candidate's name)* a candidate) for _____, *(office)* appoint the following as my (the candidate's) agent with authority to represent me (the candidate) in the manner provided by the *Municipal Elections Act* at Polling Station Number _____ for the election being held on _____, _____.

(name of agent)

(address of agent)

Dated at _____ Nova Scotia, this _____ day of _____, _____.

Signature of candidate or of official agent

**Form 16: Oath or Affirmation of Agent Representing a Candidate (Polling Station)
(Section 69)**

I _____ the undersigned, swear (or solemnly affirm) that, at the election to be held in the Town/Municipality/Regional Municipality of _____ on the _____ day of _____, _____, I will not attempt, in any way, unlawfully to ascertain the candidate or candidates for whom a voter has voted and will not in any way aid in the unlawful discovery of the same, and that I will keep secret all knowledge which may come to me of the persons for whom any voter has voted.

Candidate's Name

Agent's Signature

Sworn (or affirmed) at _____
in the County of _____ this _____ day of _____,
_____, _____, before me

Deputy Returning Officer

**Form 19: Transfer Certificate (Polling Station)
(Section 73)**

I certify that the elector named below is entitled under Section 73 of the *Municipal Elections Act* to a transfer certificate permitting the elector to transfer their vote from Polling Station Number _____ to Polling Station Number _____ and I grant this certificate so authorizing the elector.

Name of Elector

Address

Dated this _____ day of _____, _____.

Returning Officer or Assistant Returning Officer

Note: Complete in triplicate.

**Form 20: Transfer Certificate (Polling District)
(Section 73)**

I certify that the elector named below is entitled under Section 73 of the *Municipal Elections Act* to a transfer certificate permitting the elector to transfer their vote from Polling Station Number _____ in Polling District Number _____ to Polling Station Number _____ in Polling District Number _____, and I grant this certificate so authorizing the elector to vote for the election of _____
(specify mayor, councillor(s), CSAP, plebiscite).

Name of Elector

Address

Dated this _____ day of _____, _____.

Returning Officer or Assistant Returning Officer

Note: Complete in triplicate.

**Form 22: Number _____, Proxy Paper
(Section 76)**

**(NOTE: A Proxy Voter can vote only on Ordinary Polling Day.
A Proxy Voter cannot vote at any Advance Poll)**

TO: The Deputy Returning Officer

Polling Station Number _____

Polling District of _____

I certify that:

_____ *(name of elector)*

of _____ *(address of elector)*

being number _____ on the list of electors for the above polling station may vote by proxy by the elector's proxy voter,

_____ *(name of proxy voter)*

of _____ *(address of proxy voter)*

Dated at _____ this _____ day of _____, _____.

Returning Officer

**Form 27: Oath or Affirmation of Interpreter
(Section 87)**

You swear (or solemnly affirm) that you shall well and truly interpret the questions asked of the elector and explanations given to the elector, and the answers and questions of the elector, and that you will keep secret any information so obtained.

**Form 30: Record of Poll
(Section 94)**

Order of Voting	No. on List of Electors/ Certificate of Eligibility	Name of Elector (Family Name First)	Address of Elector	Voted for Mayor	Voted for Councillor	Voted for CSAP	Voted for Other	Sworn or Affirmed	Refused to Swear or Affirm	Transfer	Added	By Proxy	Remarks (e.g., form of oath taken)
				Use a Check Mark									

**Form 34A: Statement of Poll to be Completed when Conseil scolaire acadien provincial
Ballots to be Transferred for Counting
(Section 123A)**

Municipality: _____
 Polling District: _____
 Polling Station No.: _____
 Election for: _____ Date: _____

- | | |
|---|---------|
| 1. Number of blank ballots received from Returning Officer | _____ |
| 2. Add number of ballots from Advance Poll (if any) | _____ |
| 3. TOTAL BALLOTS TO BE ACCOUNTED FOR | _____ * |
| 4. Number of ballots taken from the polling station (if any) | _____ |
| 5. Number of ballots missing (if any) | _____ |
| 6. Number of unused ballots | _____ |
| 7. Number of cancelled ballots (ones not placed in the ballot box) | _____ |
| 8. Number of ballots cast at polling station for this office
(ones placed in the ballot box) | _____ ♦ |
| 9. TOTAL BALLOTS ACCOUNTED FOR | _____ * |
| *Note: Lines 3 and 9 must balance | |
| 10. TOTAL BALLOTS BEING TRANSFERRED | _____ ♦ |

♦Note: Lines 8 and 10 must balance

Dated at _____, this ____ day of _____, _____.

Approved: _____ We certify that the above statement is correct

 Deputy Returning Officer

 Poll Clerk

**Form 39: Council Member's Oath of Allegiance and of Office
(Section 147)**

I, _____, swear (or solemnly affirm) that I will be faithful and bear true allegiance to His Majesty King Charles the Third, His heirs and successors according to law; (the name of and reference to the sovereign to be changed as occasion requires.)

And that I am duly qualified as required by law for the office of _____ of the _____ of _____;

And that I will truly, faithfully and impartially execute the duties of the office to which I have been elected to the best of my knowledge and ability;

And that I have not received and will not receive any payment or reward or promise thereof for the exercise of any partiality or other undue execution of the duties of my office.

Sworn (or affirmed) at _____
in the County of _____
this _____ day of _____,
_____, before me

Judge, Justice of the Peace
(or for council members, also Mayor, Warden or Clerk)

**Form 40: Candidate's Campaign Contributions Disclosure Statement
(Sections 49A and 49B)**

Name of Candidate: _____

Name of Agent: _____

Date of Election: _____ Municipality/CSAP: _____

I received no contributions from a contributor that totalled more than \$50.00 during the period since the previous election.

OR

I received the following contributions from a contributor that totalled more than \$50.00 during the period since the previous election.

List of contributors (see note below):

Contributor	Civic Address	Contributions
_____	_____	_____

Note: Insert full name of contributor and residential or business address. Use street address, not postal address. Contributions must be shown for every contributor whose contributions totalled more than \$50.00 since the most recent election.

I, _____, a candidate in the municipal/CSAP election on _____ (date), certify that the foregoing statement of disclosure is a true and complete disclosure of all contributions made to me and to my official agent as required by Sections 49A and 49B of the *Municipal Elections Act*.

Candidate

(To be filed within 60 days after regular polling day with the clerk of the municipality/secretary of CSAP)

(A translation of this form is available in French.)

**Form 41: Association's Campaign Contributions Disclosure Statement
(Sections 49A and 49B)**

Name of Association: _____

Name of agent: _____

Name of candidate supported: _____

Date of election: _____ Municipality/CSAP: _____

- The above-named candidate received no contributions from a contributor that totalled more than \$50.00 during the period since the previous election.

OR

- The candidate received the following contributions from a contributor that totalled more than \$50.00 during the period since the previous election.

List of contributors (see note below):

Contributor	Civic Address	Contributions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Insert full name of contributor and residential or business address. Use street address, not postal address. Contributions must be shown for every contributor whose contributions totalled more than \$50.00 since the most recent election.

I, _____, the appointed agent of _____
(name of association) in the municipal/CSAP election on _____ *(date)*, certify that the foregoing statement of disclosure is a true and complete disclosure of all contributions made to me as agent of the said association as required by Sections 49A and 49B of the *Municipal Elections Act*.

 Agent of Association

(To be filed within 60 days after regular polling day with the clerk of the municipality/secretary of CSAP)

(A translation of this form is available in French.)

**Form 44: Statement of Poll, Consolidated Count of Conseil scolaire acadien provincial Ballots
 (One Member to be Elected from the CSAP Electoral District)
 (Section 123A)**

(For use when the ballots from polls with fewer than 10 votes for a CSAP office are counted by a counting officer)

CSAP Electoral District _____

Number of Polls to be Counted (# of envelopes to be opened and counted) _____

1. Total Number of Ballots to be Counted
(from endorsements on each envelope from
each polling station) _____ *

2. Number of Rejected Ballot Papers _____

3. Number of Ballot Papers Counted and Accepted _____

4. Number of Ballot Papers Missing (if any)
(#1 minus #3) _____

5. Additional Ballot Papers (if any)
(#3 minus #1) _____

6. Total Ballots to be Accounted for _____ *
(Note: Lines 1 and 6 must balance.)

7. Number of Ballots counted for _____
Number of Ballots counted for _____
Number of Ballots counted for _____
Number of Ballots counted for _____
Number of Ballots counted for _____

8. TOTAL BALLOTS ACCOUNTED FOR _____ *
(Note: Lines 6 and 8 must balance.)

Dated at _____, this _____ day of _____, _____.

Approved

I certify that the above statement is correct

Counting Officer

**Form 45: Statement of Poll, Consolidated Count of Conseil scolaire acadien provincial Ballots
(More than One Member to be Elected from the CSAP Electoral District)
(Section 123A)**

(For use when the ballots from polls with fewer than 10 votes for a CSAP
office are counted by a counting officer)

CSAP Electoral District _____

Number of Polls to be Counted (# of envelopes to be opened and counted) _____

1. Total Number of Ballots to be Counted
(from endorsements on each envelope from each
polling station) _____ *

2. Number of Rejected Ballot Papers _____

3. Number of Ballot Papers Counted and Accepted _____

4. Number of Ballot Papers Missing (if any)
(#1 minus #3) _____

5. Additional Ballot Papers (if any)
(#3 minus #1) _____

6. Total Ballots to be Accounted for _____ *
(Note: Lines 1 and 6 must balance.)

7 Names of Candidates	Number of Ballots (Votes)
_____	_____
_____	_____
_____	_____
_____	_____

8. TOTAL BALLOTS ACCOUNTED FOR _____ *
(Note: Lines 6 and 8 must balance.)

Dated at _____, this _____ day of _____, _____.

Approved

I certify that the above statement is correct

Counting Officer