

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)**

Local Authorities Election Act (sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)
Education Act (sections 4(4), 74)

The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the *Local Authorities Election Act* and sections 33(a)&(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection, use, and disclosure of this personal information, please contact the Returning Officer | 16304-114 Ave NW, Edmonton, Alberta, T5M 3R8 | 780 442 8683 | elections@edmonton.ca

**LOCAL JURISDICTION: EDMONTON CATHOLIC SEPARATE SCHOOL DIVISION,
PROVINCE OF ALBERTA**

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of Ward _____ of the Edmonton Catholic Separate School Division, Province of Alberta, **NOMINATE**

_____, _____ of
(Candidate's Surname) (Candidate's Given Names)

_____, _____
(Candidate's Residential Address) (Postal Code)

Edmonton, Province of Alberta, as a candidate at the election about to be held for the office of TRUSTEE of Ward _____, in the Edmonton Catholic Separate School Division, Province of Alberta.

Signatures of **at least 25 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act*, sections 4(4) and 74 of the *Education Act*, and Edmonton Catholic Separate School Division Bylaw 2004-2.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)**

We, the undersigned electors of Ward _____ of the Edmonton Catholic Separate School Division, Province of Alberta, **NOMINATE:**

_____, _____
 (Candidate's Surname) (Candidate's Given Names)

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
8.		
9.		
10.		
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12.		
13.		
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17.		
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19.		
20.		
21.		

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)**

We, the undersigned electors of Ward _____ of the Edmonton Catholic Separate School Division, Province of Alberta, **NOMINATE:**

_____, _____
 (Candidate's Surname) (Candidate's Given Names)

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
22.		
23.		
24.		
25.		
26.		
27.		
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35.		

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)****CANDIDATE'S ACCEPTANCE**

I, the above named candidate, solemnly swear (affirm)

THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* to be elected to the office;

THAT I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*;

THAT I will accept the office if elected;

THAT I have read sections 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* and understand their contents;

THAT I am appointing as my official agent (if applicable):

_____;
(Name, contact information (email address and/or complete address and postal code), and telephone number of official agent)

THAT I will read and abide by the Trustee Code of Conduct if elected; and

THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and the *Education Act* and resident in the Edmonton Catholic Separate School Division on the date of signing the nomination.

PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT

_____ (Given Names) (may include nicknames, but not titles, i.e. Mr., Mrs., Dr.)

SWORN (AFFIRMED) before me at the _____

of _____, in the Province of

Alberta this ____ day of _____, 20____.

Candidate's Signature

Signature of Returning Officer or Commissioner for
Oaths or Notary Public in and for Alberta
(also include printed or stamped name and expiry date)

Commissioner for Oaths Stamp

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT