



CREE NATION OF WHAPMAGOOSTUI BAND OFFICE  
PO Box 390 Whapmagoostui, QC J0M 1G0

## Letter of Confirmation of Residence

I confirm that the person named below:

\_\_\_\_\_

*(Voter's first name and last name)*

Resides at: *(insert full name and address of First Nation/Band office below OR check box for same information listed on letterhead )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Band administrator or designated Band authority's full name, title, address and phone number:

Full name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: *(insert address below OR check box for same address on letterhead )*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_

Signature of Band administrator or  
designated band authority

Date

**This letter of confirmation of residence, along with another piece of ID with your name on it (such as your Status card), is sufficient to vote.**