

VERIFICATION OF CRIMINAL CONVICTIONS

I,	, the undersigned, authorize any
I,police force to release information about Crim has not been obtained from the Criminal Reco	
name and date of birth.	
It is to be provided to the Head Electoral Offic Algonquin Anishinabeg Nation Tribal Council	
Full name:	
Date of birth:	
Driver's Permit No:	
Band No:	
Address:	
Tel:	
E-mail:	
Signature:	
Date:	
Witness:	

MUST BE RETURNED BY OCTOBER 29, 2025 BY TEXT (PHOTO) TO 819-441-8975 OR EMAIL TO elections@aantc-ctnaa.ca