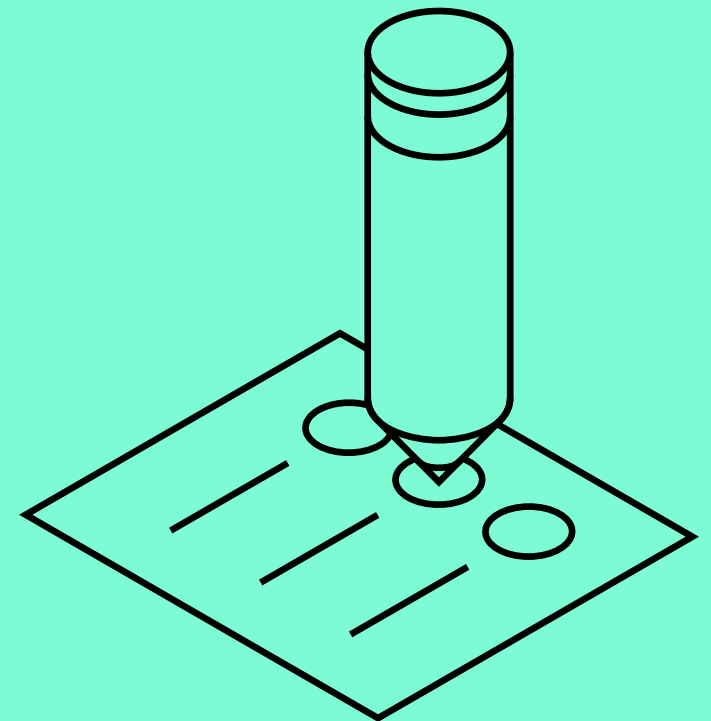


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- ᑦᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦ **1-888-353-2846**
- ᑦᑦᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦ **868372**
- ᑦᑦᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦᑦᑦ ᑦᑦᑦᑦ info@electionsquebec.qc.ca

ᐱᓄᐅᐸ ᓂᓯᐸᓐᓂᓐ?

ᑲᐸᓯᑎᑕᐅᓂᓂᑦ ᐃᓄᐃᑦ ᓂᓯᐸᓯᓐᓄᐅᑦ

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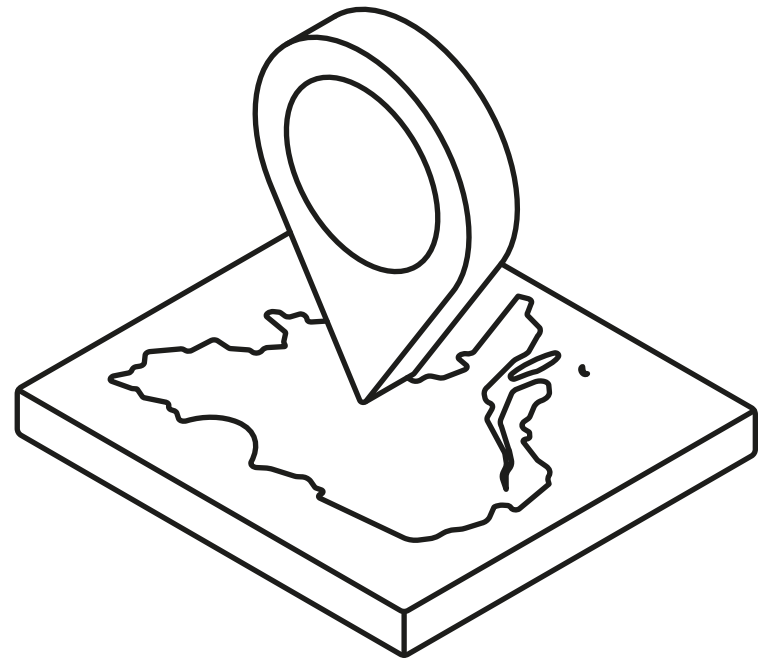
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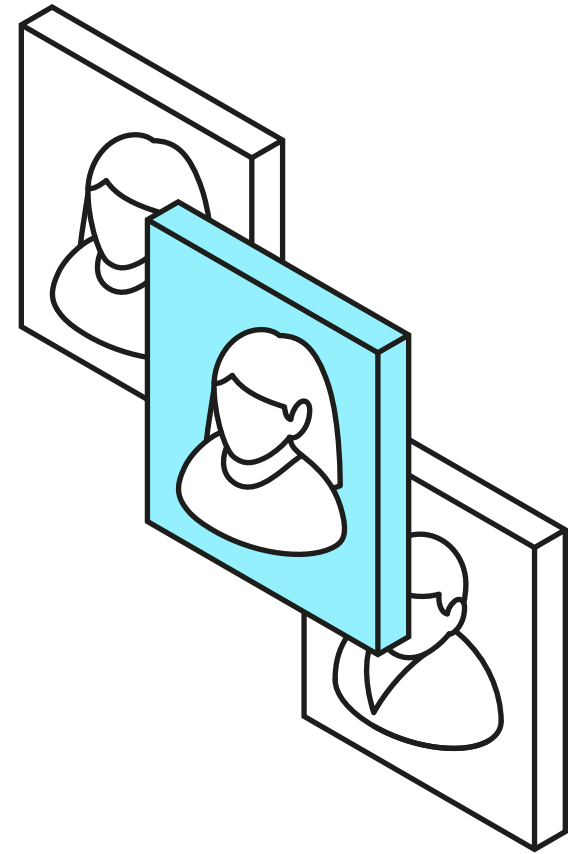
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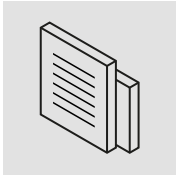
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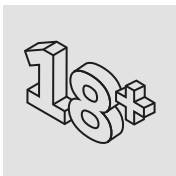
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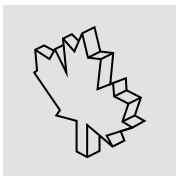
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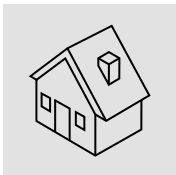
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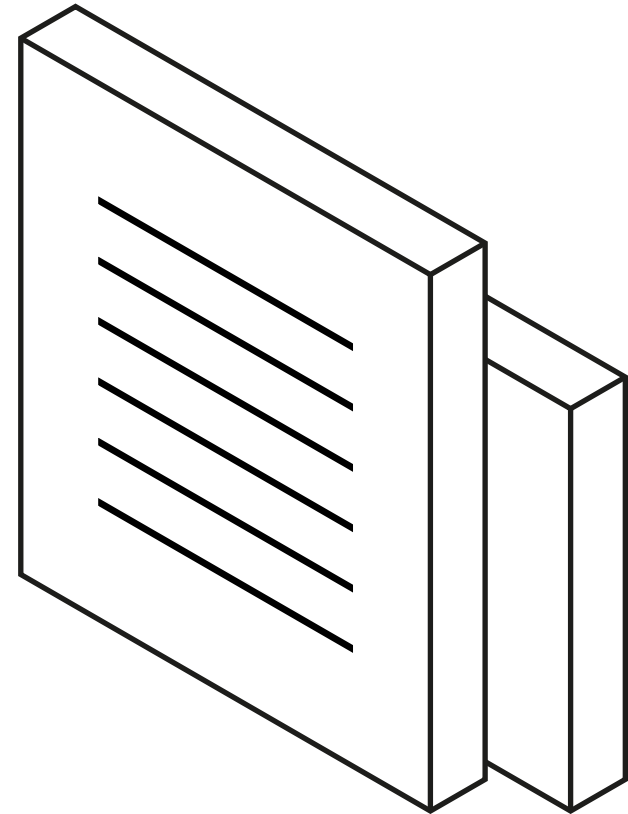
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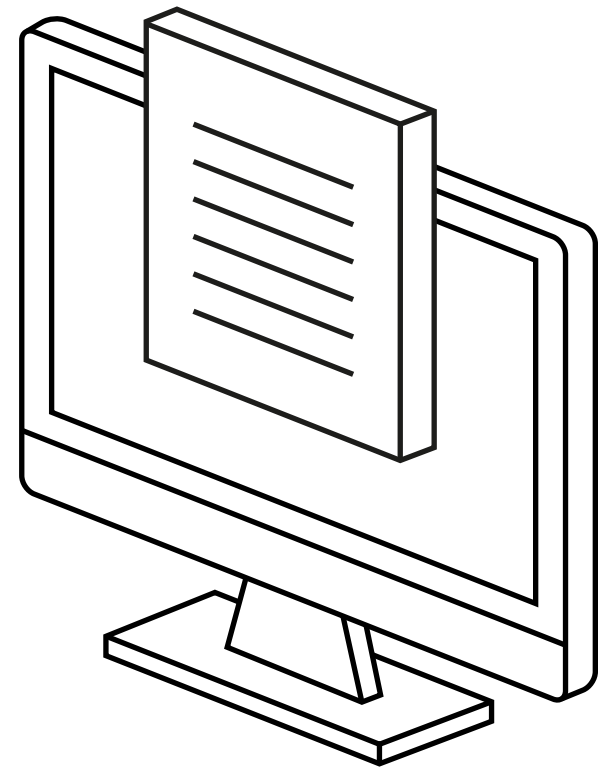


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www.elections.quebec

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élections Québec
Le directeur général des élections

Circonscription
Electoral division

Nom de la circonscription

Aux occupants / To the occupants
123, telle Rue
Telle Ville QC A1X 1X2

① IMPORTANT

Noms des personnes déjà inscrites sur la liste électorale à cette adresse.
Names of persons registered on the electoral list at this address.

Joan Échantillon
Marie Échantillon
Paul Échantillon
Marie-Christine Échantillon-Échantillon
Eric Échantillon

Inscription obligatoire pour voter
Registration required to vote

Votre nom n'apparaît pas ci-dessus ?
Vérifiez votre inscription.
*Your name does not appear above?
Check your registration.*

www.elections.quebec
1 888 ELECTION (1 888 353-2846)

Votre nom n'apparaît pas ci-dessus ?
Vérifiez votre inscription.
*Your name does not appear above?
Check your registration.*

www.elections.quebec
1 888 ELECTION (1 888 353-2846)

Vous devez vous inscrire ou modifier votre inscription ?
You need to register or modify your registration ?

Voyez les options au verso.
See the options on the back.

Où voter ?
Where can I vote?

⑧ Vérifier l'accessibilité de votre lieu de vote sur notre site Web.
Check the accessibility of your polling place.



Surveillez le carton jaune que nous vous enverrons un jour le poste la semaine précédant le jour de l'élection.
Watch out for the yellow card we will send you the week before election day.

Bureau de votre directeur du scrutin
Office of your returning officer

000 000-0000 / 1 888 000-0000

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መግቢያ ለግንባር ደረጃ ለሚገኝበት መግቢያ ለሚገኝበት?

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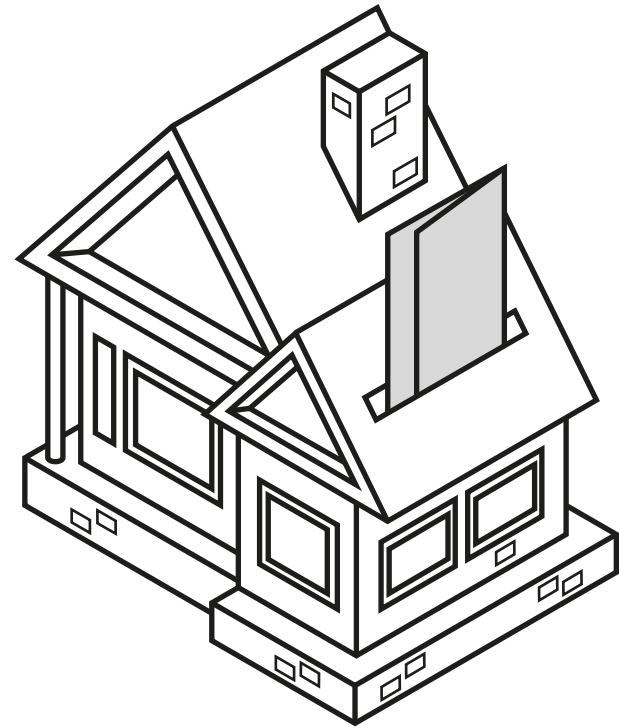
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Permis de conduire
D4626-270375-07

PEPIN CLEMONT
 Date de naissance (A-M-J) 1992 09 15

360, Chemin du Lac-Huron
Lac-aux-Sables (Québec) G0X 1M0

Classe(s) 1 2 3 4 A B C A S 6 A
 Cond. A C
 Mention(s) F M T
 N° de référence P H M G Z V T 0
 Valable le 2014-10-01 Expire le 2025-12-15

Paiement exigé chaque année à votre date anniversaire de naissance

Régie de
l'assurance maladie
Québec

19040114

NOMÉRO D'ASSURANCE MALADIE
BAXP 2201 2219

PRENOM ET NOM À LA NAISSANCE
PERLE BAXTER

06

2026 01 = EXPIRATION

1922 01 22 F

NAISSANCE 184 MM 20 58 K

Perle Baxter

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Canada Indian and Northern Affairs Canada
Affaires indiennes et du Nord Canada

CERTIFICATE OF INDIAN STATUS
CERTIFICAT DE STATUT INDIGÈNE

Registration no./Numéro d'inscription
916700185

Family Name/Nom de famille
DOORNE
Given Name/Nom donné
AUGUSTE
Aboriginal Family Name
AUGUES

Date of Birth/Date de naissance
1975/03/27
Date of Issue/Date de délivrance
2015/06/11

Gender
F

Issued By/Représentant agréé
2020/06/11

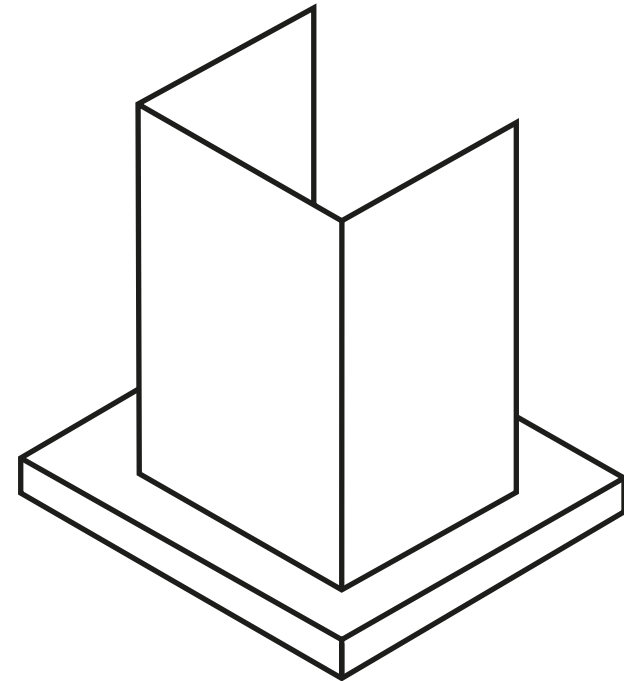
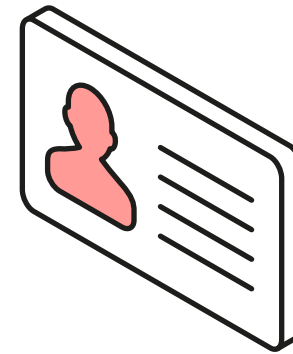
Reason for Issue/Date and Reason/Date et motif de délivrance
3450 - BORN NINE

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ΔΝΔ σΠΔΡΛΓΛ.

ΔΓΔΓΔΔΔΔ σΠΔΓΝ
ΔΔΓ σΠΔΡΝΓ.

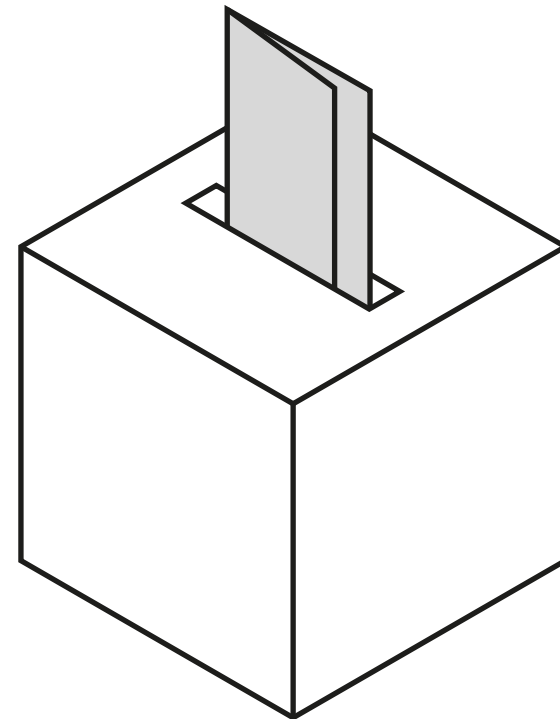


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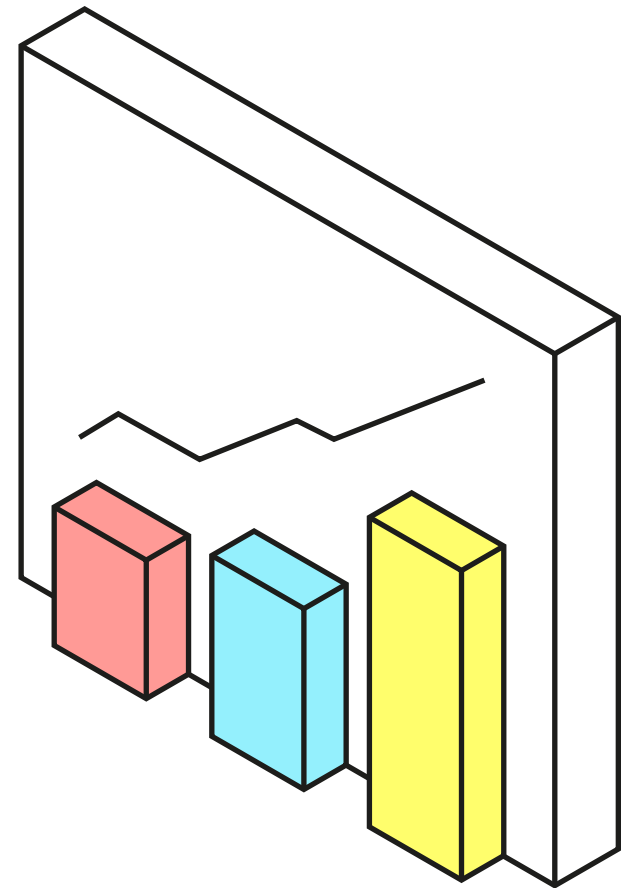


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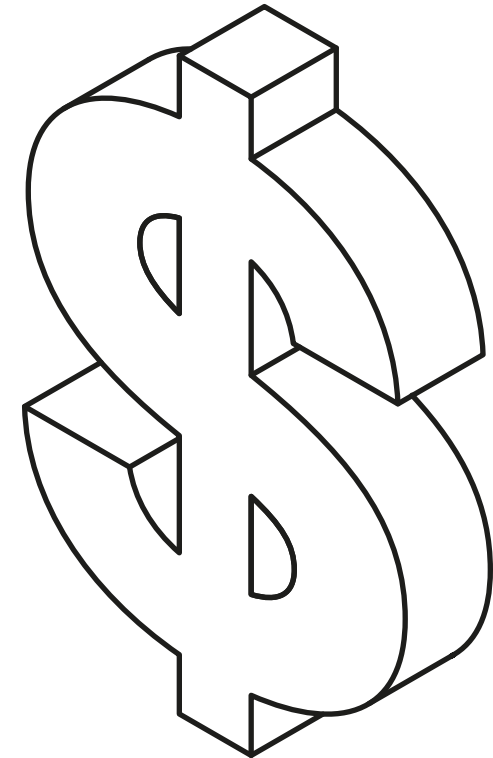
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