



Office of the City Council

City Hall
58 Opera House Square
Claremont, NH 03743

Tel: (603) 542-7002
Fax: (603) 542-7014

BOSTON POST CANE APPLICATION

CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

NOMINEE INFORMATION:

NAME: _____

ADDRESS: _____

(Provide documentation of Claremont residency for the previous 12 months)

PHONE: _____

REGISTERED VOTER: Yes No (If no, is nominee fully qualified to register to vote in Claremont under the provisions of RSA 654:1 and 654:2) Yes

DATE OF BIRTH: _____

Eligibility. To be eligible for selection as the recipient of the Boston Post Cane according to the requirements of the original grant of the Cane in 1909, a nominee must be the oldest citizen of Claremont who meets all of the following criteria without waiver:

- a. Be a registered voter in the City of Claremont at the time of nomination or be fully qualified to register to vote in Claremont under the provisions of RSA 654:1 and 654:2.
- b. Provide appropriate documentation of the date of birth (birth certificate or other documentation deemed acceptable by the City Council). If current name is different than name on birth certificate, provide documentation of name change.
- c. Provide appropriate documentation of domicile in the City of Claremont continuously for the past twelve (12) months. "Appropriate documentation" shall be the voter checklist or other documentation as directed by the City Council.