

COMMONWEALTH OF VIRGINIA
REQUEST TO CANCEL VOTER REGISTRATION

Any registered voter may cancel his registration by completing this form in person at the office of the general registrar or by mailing this form, signed, to the general registrar.

TO THE GENERAL REGISTRAR:

I HEREBY REQUEST THAT MY NAME BE REMOVED FROM THE VOTER REGISTRATION RECORDS OF _____,
VIRGINIA. county or city

I UNDERSTAND THAT I WILL NO LONGER BE ELIGIBLE TO VOTE IN THE COMMONWEALTH OF VIRGINIA UNLESS I RE-APPLY FOR REGISTRATION.

PRINT FULL NAME: _____

resident address

city or town

zip

social security number

date of birth

SIGNATURE OF VOTER: _____ DATE: _____