

California Voter Registration Cancellation Request Form

FOR OFFICIAL USE ONLY

1. I, _____ (full name, as registered to vote), would like to cancel my voter registration. Please cancel my registration, as authorized by California Elections Code section 2201 (a).

2. **Print Full Legal Name:** _____
(as used to register to vote) First / Middle Name or Initial / Last

3. **Date of Birth:** _____
Month / Day / Year

4. **Complete Residence Address:** _____
(as used to register to vote) Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N,S,E,W if used)

City / Zip Code / California County

5. **Mailing Address:** _____
(if different from above) Number and Street (Designate N,S,E,W if used)

City / State or Foreign County / Zip Code or Postal Code

Confidential Information: **(Optional)** Please provide the following information to ensure that your voter file record can be accurately identified.

6. **California Driver License or Identification Card Number:** _____

7. **Social Security, Last 4 Numbers:** _____

Signature: _____ **Date:** _____

Please sign and date this form and return to your county elections office. Questions? Contact your **county elections office**.



