

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.

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: _____