

District of Columbia
Board of Elections

REQUEST TO CANCEL VOTER REGISTRATION

Full name (including middle name and any suffix):

Date of birth (MM/DD/YYYY): ____/____/_____

DC Driver's License or DMV-issued ID Number OR the last 4 digits of your SSN: _____

Your Full Residence Address: _____

I, _____, swear or affirm that the voter registration information provided above is true and accurate to the best of my knowledge. I hereby request that my District of Columbia voter registration be cancelled, effective as of the date that this form is received by the Board of Elections. I understand that I will no longer be eligible to vote in the District of Columbia unless I re-apply for registration.

Signature

Date

(If you are unable to sign, you must make a mark above and a witness to the mark must sign and date below).

Witness Signature

Date



Place
Postage
Here

District of Columbia
Board of Elections
1015 Half Street, SE Suite 750
Washington, DC 20003-4733