



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: \_\_\_\_\_

DC Voter Registration Address: \_\_\_\_\_

Please select one of the following reasons to cancel your voter registration request:

- You are moving out of the District of Columbia.
- You no longer wish to be a registered voter in the District of Columbia

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

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Place  
Postage  
Here

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