

District of Columbia  
Board of Elections

## REQUEST TO CANCEL VOTER REGISTRATION

Any registered voter may cancel his or her registration by completing and signing this form, and returning it by mail or in person to the District of Columbia Board of Elections at 1015 Half St SE, Suite 750, Washington, DC 20003.

I hereby request that my name be removed from the voter registration records of the District of Columbia.

Print Your Full Name: \_\_\_\_\_

\_\_\_\_\_  
Address on Voter Record

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Voter

\_\_\_\_\_  
Date

**\*\* I understand that I will no longer be eligible to vote in the District of Columbia unless I re-register to vote. \*\***

Return Address

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WASHINGTON, DC 20003