



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 complete the line below).

Witness Printed Name

Witness Signature

Date



Place
Postage
Here

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