

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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1015 HALF ST SE, SUITE 750
WASHINGTON, DC 20003