VOTER REQUEST TO CANCEL REGISTRATION

INSTRUCTIONS

This form can only be completed by the voter. You may voluntarily cancel your voter registration by completing this form. Please mail or deliver to your county voter registration office. To find a list of these offices, please see page 2.

STEP 1: Fill out the form

STEP 2: Sign and date the form

STEP 3: Mail or deliver to your county voter registration office

I no longer wish to be registered to vote in Pennsylvania.

Printed Name

Last name
First name

Jr Sr II III IV (Circle if applicable)

Middle name or initial

Identification

This information will only be used to locate your record on file and process your request. Your ID information will be confidential.

PA driver’s license or PennDOT ID card number

Last four digits of your Social Security number

Date of birth

MM/DD/YYYY

or

Address

Please write the address where you are registered to vote in Pennsylvania.

Street Address (Not P.O. Box)

City/Town

Municipality

State PA

Zip Code

Apt. Number

Contact

Please add your contact information in case there are any questions.

Phone (Optional)

Email (Optional)

Signature

Date

NOTICE

False statements on this form are punishable pursuant to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).
County Voter Registration Office addresses

Mail or deliver you request to cancel your voter registration to the office in your county.

For a listing of county email addresses, go to www.votesPA.com.