

AFFIDAVIT OF CANCELLATION OF VOTER REGISTRATION

This is to certify that I am registered in _____ and that my
(County)

residence was _____.

(1) Having moved out of _____, I hereby authorize you to cancel
(County)

the registration in your office.

Dated on _____.
(Insert month, day, year)

(Print Name Here)

(Signature of Voter)