

COMMONWEALTH OF VIRGINIA  
**REQUEST TO CANCEL VOTER REGISTRATION**

Any registered voter may cancel his registration by completing this form in person at the office of the general registrar or by mailing this form, signed, to the general registrar.

TO THE GENERAL REGISTRAR:

I HEREBY REQUEST THAT MY NAME BE REMOVED FROM THE VOTER REGISTRATION RECORDS OF \_\_\_\_\_, VIRGINIA.

I UNDERSTAND THAT I WILL NO LONGER BE ELIGIBLE TO VOTE IN THE COMMONWEALTH OF VIRGINIA UNLESS I RE-APPLY FOR REGISTRATION.

PRINT FULL NAME: \_\_\_\_\_

Resident Address \_\_\_\_\_

City or Town \_\_\_\_\_

Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

SIGNATURE OF VOTER: \_\_\_\_\_ DATE: \_\_\_\_\_