



CANCELLATION OF VOTER REGISTRATION NORTH CAROLINA

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@ncsbe.gov

PURPOSE

This form is intended to provide notification of a voter's request to cancel his or her voter registration. Upon submission of this form, the appropriate county board of elections will remove the voter from the county's list of registered voters. Requested information will only be used to ensure that we are removing the correct voter.

INSTRUCTIONS

This form can **only** be completed by the voter. Voter should complete form as thoroughly as possible. Sign the form and then submit (*mail, fax, or scan & email*) it to the county board of elections office in the county in which the voter is registered. Contact information for the county boards of elections is available at www.ncsbe.gov.

| Voter Information | | | | | | | |
|---|-----|--|----------------------|--------------------------|--|--|--------|
| Last Name (Required) | | First Name (Required) | | | Middle Name | | Suffix |
| Date of Birth (Required) (MM/DD/YYYY) | Age | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Last 4 Digits of SSN | Driver License or ID No. | Voter Registration Number (if known) | | |
| Voter Registration Address (Required) | | | | | | | |
| City (Required) | | | State NC | Zip Code | County (in which you were last registered) | | |

By signing this form, I give the county board of elections consent to cancel my voter registration record.

| Signature | |
|-----------------------------|-------------|
| X | |
| Signature (Required) | Date Signed |

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

Send Form To:

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
(or your local [County Board of Elections](#))

Thank you for providing this information.