

REQUEST TO CANCEL VOTER REGISTRATION

This form can be used to request to cancel ***YOUR*** voter registration record in the Commonwealth of Pennsylvania. Complete this form and return it to the county voter registration office in the county in which you wish to cancel your voter registration.

Printed Name as Registered: _____

Address on PA Voter Registration Record:

Current Address (if applicable):

_____, PA _____
City Zip Code

_____, _____ _____
City State Zip Code

Date of Birth: _____

Pennsylvania Driver's License number: _____

Last 4 digits of your Social Security Number: _____

Telephone number: _____ Email address: _____

I hereby request ***cancellation*** of my voter registration record in _____ County because:

- I do not wish to be registered to vote in the Commonwealth of Pennsylvania.
- I am not a legal resident of the Commonwealth of Pennsylvania or otherwise do not meet the qualifications to vote in the Commonwealth of Pennsylvania.
- I am not a legal resident of _____ County and intend to request transfer of my voter registration record to my current county of legal residence. *[Note: If you wish to transfer your voter registration to another county within the Commonwealth of Pennsylvania, please complete a Voter Registration Mail Application (VRMA) and return it to the county voter registration office where your new residence is located.]*

*I understand that this Request to Cancel Voter Registration will serve as written notification of my intent to have **MY OWN** voter registration record canceled. I HEREBY AFFIRM THAT the information I have provided in this request is true and accurate to the best of my knowledge and belief. I understand that false statements herein shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).*

Signature

Date