

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 Stafford County, 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: _____

Please mail your completed and signed request to:

Stafford County
PO Box 301
Stafford, Virginia 22555