Request to Cancel Voter Registration (§ 24.2-427, Code of Virginia)

Instructions: Please fill in the information below and for faster response times submit the form to your local registrar. You may look up your general registrar's office by going to: *elections.virginia.gov/localGR*. You may also submit your form to: Virginia Department of Elections, 1100 Bank Street, Richmond VA 23219

For questions, visit *elections.virginia.gov* or call (800) 552-9745. ***All information on this form is required unless otherwise indicated.***

Please remove me from the voter registration records. I understand that I will no longer be eligible to vote in the Commonwealth of Virginia unless I reapply for registration.

Last Name | First Name | Middle or Maiden Name ☐ NONE | Suffix ☐ NONE

Current Virginia Registration Address (OR VIRGINIA PO BOX PROVIDED FOR VOTER REGISTRATION)

City | State | ZIP

Locality | Voter ID (OPTIONAL)

[– –] SSN | / / Date of Birth (MM/DD/YY)

Current Phone (OPTIONAL) | Email (OPTIONAL)

PLEASE SUPPLY CURRENT PHONE OR EMAIL SO THAT WE MAY CONTACT YOU WITH ANY QUESTIONS REGARDING THIS REQUEST.

Signature (x) | **Date** (MM/DD/YY)

FRAUD WARNING

INTENTIONALLY VOTING MORE THAN ONCE IN AN ELECTION OR MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO $2,500.

PRIVACY NOTICE

This form collects personal information, including part of your social security number, for identification and to prevent fraud. Your request may be denied if you fail to provide the last four digits of your social security number or any other information required to determine your identity as the voter requesting cancellation. Federal law (the Privacy Act) and state law (the Government Data Collection and Dissemination Practices Act, § 2.2-3803) authorize collecting this information and restrict its use to official purposes only.

Your completed form will be available for inspection and copying on request with redaction of social security number and residence address of voters eligible to list a Virginia PO box address under Va. Code 24.2-418.