

REQUEST TO CANCEL VOTER REGISTRATION

This form can be used to request to cancel <u>YOUR</u> 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	, State	Zip Code	
Date of Birth:		,	State	Zip code	
Pennsylvania Driver's License					
Last 4 digits of your Social Sec	curity Number:				
Telephone number:		Email address:			
I hereby request <i>cancellation</i> because:	of my voter registra	ation record in		_ County	
I do not wish to be re	gistered to vote in t	he Commonwealth of Penn	sylvania.		
I am not a legal reside qualifications to vote		vealth of Pennsylvania or of Ith of Pennsylvania.	therwise do not	meet the	
I am not a legal resident of		County and	County and intend to request transfer		
transfer your voter re	gistration to anothe ter Registration Mai	rent county of legal residen r county within the Commo Il Application (VRMA) and re nce is located.]	nwealth of Penr	nsylvania,	
I understand that this Request intent to have MY OWN votes have provided in this request that false statements herein sto unsworn falsification to au	registration record is true and accurate hall subject me to cu	canceled. I HEREBY AFFIRM to the best of my knowledg	Ո THAT the infoi ie and belief. Tu	rmation I Inderstand	
Signature			e		