

Request to Cancel Voter Registration

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

In order to process your request for cancellation of voter registration, please provide the following information:

Last Name		First Name	Middle Name	
Maryland R	egistration Address (or last	address in Maryland)		
/	/			
Date of Birth	(mm/dd/yy)	Telephone Number		
Cancellation I	Reason:			
	Moving Out of State			
	Desire to remove self from registration list			
	Deceased (include copy of	eceased (include copy of death certificate)		
Your Relation	ship to person to be remo	ved:		
	Self			
	Family Member (valid only	if person to be removed is deceas	sed)	
Ν				
			/	
V Signature (x) (Handwritten signature ONLY)		Date (mm/dd/yy)		
Submit	completed form and any req	uired documentation to our office.		
By Mail		Board of Elections		
	P.O. Box 4333	1000		
Email:	Rockville, MD 20849-	montgomerycountymd.gov		
Fax:	240-777-8600	montgomerycountymu.gov		
Questic		ion@montgomerycountymd.gov		
	Visit: www.777vote.o			