

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.

To process this request for cancellation of your voter registration, please provide the following information:

Last Name	First Name	Middle Name
Maryland Registration Addre	ss (or last address in Maryland)	
Date of Birth (mm/dd/yy)	Telephone Number	Email address
Cancellation - Reason:		
☐ Moving Out of Sta	re	
Desire to remove s	elf from registration list	
Deceased (include	copy of death certificate)	
Other:		
Your Relationship to person to b	e removed from the voter registration r	records:
Self		
Family Member (v	alid only if person to be removed is dec	eased)
Maryland Driver's License, MVA	ID or Learner's Permit Number (if kno	wn):
		
Last 4 digits of Social Security No		
	Signature	

Submit completed form and any required documentation to our office.

By Mail: Montgomery County Board of Elections

P.O. Box 4333

Rockville, MD 20849-4333

Email: Voter.Registration@montgomerycountymd.gov

Fax: 240-777-8600 **Call:** 240-777-8500