

Request to Cancel Voter Registration

Visit: www.777vote.org

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 Nam	e		First Name		Middle Name	
Marylan	d Registr	ation Address (or last addı	ress in Maryland)			
/	/					
Date of Birth (mm/dd/yy)			Telephone Number			
Cancellatio	on Reasc	n:				
	Movi	ng Out of State				
	Desire to remove self from registration list					
	Dece	Deceased (include copy of death certificate)				
Your Relat	ionship t	o person to be removed:				
	Self					
	Fami	y Member (valid only if pe	erson to be removed is dece	ased)		
				/	/	
Signa	ture (x)			Date (mm/dd	/yy)	
Subi	mit comp	leted form and any required	documentation to our office.			
By N	⁄Iail:	Montgomery County Board P.O. Box 4333 Rockville, MD 20849-4333	d of Elections			
Ema	nil:	Voter.Registration@mont	gomerycountymd.gov			
Fax:		240-777-8600				
Que	stions?	Call: 240-777-8500 Email Voter.Registration@	montgomerycountymd.gov			