



OFFICE USE ONLY

Date Received: _____

VR Number: _____

Voter Registration Cancellation/Removal Form

Please remove the following name from the list of registered voters in the State of Georgia due to the following reason: **(Select One)**

- Voter has moved out of state.
New State of Residence: _____
- Voter no longer wishes to be registered to vote in the State of Georgia.
- Voter is deceased.
Date of Death (MM/DD/YYYY): _____
Was there an obituary posted in the newspaper? Yes No

Full Name: _____

Former Georgia Address: _____

Former County in Georgia: _____

Date of Birth (MM/DD/YYYY): _____

I, _____, swear or affirm that the voter registration information provide above is true and accurate to the best of my knowledge. I hereby request the Georgia voter registration be cancelled for this voter, effective as of the date this form is received by the voter's County Board of Elections and Registration. I understand that this voter will no longer be eligible to vote in the State of Georgia unless they re-apply for registration.

Signature: _____ Date: _____

If voter is deceased, relationship to deceased voter: _____

THIS VOTER WILL NOT BE REMOVED UNLESS THIS FORM IS SIGNED BY THE VOTER OR RELATIVE OF DECEASED VOTER.

Mail, fax, or email to the voter's Georgia County Elections office
or the Georgia Secretary of State office.

**County Elections & Registration Office
Contact Information**
[https://elections.sos.ga.gov/Elections/
countyregistrars.do](https://elections.sos.ga.gov/Elections/countyregistrars.do)

**Georgia Secretary of State
Contact Information**
Email: vcancellation@sos.ga.gov
Fax: (404)463-5231

Attn: Elections Cancellation
2 Martin Luther King Jr. Dr. S.E.
Suite 802, West Tower
Atlanta, GA 30334