

Voter Registration Cancellation Form

Instructions & Purpose	1	This form is intended to provide notification of a voter's request to cancel his or her voter registration. Upon submission of this form, the Durham County Board of Elections will remove the voter from its list of registered voters. Requested information will only be used to ensure that we are removing the correct voter. This form can only be completed by the voter. The voter must complete the form as thoroughly as possible, sign the form and then submit (<i>mail</i> , <i>fax</i> , <i>scan</i> & <i>email</i> , <i>or inperson</i>) it to the Durham County Board of Elections. Contact information for the office can be found in Section 5.					
Your Voter Information Please provide your voter information.	2	Last Name (required): Date of Birth (required):			Middle Initial: of SSN: DL or ID Nu		Suffix: mber:
Your Address Information Please provide your address information.	3	Voter Registration Address (required): City: State: NC Zip Code:					
Your Signature By signing this form, I give the county board of elections consent to cancel my voter registration record.	4	X Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.					
Submit This form can be submitted by mail, fax, scan & email, or inperson at the Board of Elections office.	5	By Mail : P.O. Box 868 Durham, NC 27702	In-Person: 3825 S. Roxboro Street Suite 101 Durham, NC 27713			Electronic : Fax: 919-560-0688 Email: elections@dconc.gov	