

Request to Cancel a Voter Registration Record

Voter Name – please print

Date of Birth

Voter ID (optional)

Residence Address of Voter in Kitsap County

City

Zip Code

- I hereby authorize the cancelation of my voter registration
- I hereby declare, under penalties of perjury, that I am a registered voter and according to my personal knowledge or belief, the voter listed above has died and I am requesting his/her voter registration be canceled.

Signature

Date

Mail completed form for each voter to:

Kitsap County Auditor
Attn: Elections Division MS-31
614 Division Street
Port Orchard, WA 98366