



Request to cancel a Voter Registration Record

Use this form to cancel your voter registration or to cancel the registration of a deceased voter.

1. Provide voter information

Name:	First	Middle	Last
Date of Birth: (mm/dd/yyyy)	Voter Registration No. (if known)		
Registered Address:			

2. Select a box

I hereby authorize the cancellation 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 to be canceled.

3. Sign and date

Signature:	Date:
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How to return this form:

Mail:
Kitsap County Auditor
614 Division St. MS-31
Port Orchard, WA 98366

Email: auditor@co.kitsap.wa.us

Fax: (360) 337-5769

Questions? (360) 337-7128