



# 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

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

## 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

<b>Signature:</b>	<b>Date:</b>
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### How to return this form:

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

**Email:** [auditor@kitsap.gov](mailto:auditor@kitsap.gov)

**Fax:** (360) 337-5769

**Questions?** (360) 337-7128