

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 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 be canceled.

Signature

Date

Mail, email, or fax completed form for each voter to:

Kitsap County Auditor

Attn: Elections Division MS-31

614 Division Street

Port Orchard, WA 98366

auditor@co.kitsap.wa.us

Fax: 360-337-5769