## State of Delaware • Department of Elections

Voter Registration Cancellation Request - Registrant

	1	I request the cancelation of my Voter Registration in the State	of Delaware for	the following reas	on:						
Cancelation reason		I no longer live in Delaware.									
		I no longer wish to vote in Delaware Elections.									
		Other reasons.									
		Please specify your reason:									
Local name	2	Last name			Suffix						
Legal name		First name		Middle name							
Identification	3	Voter ID (if known)									
		Birth date									
Contact	4	Telephone									
information		Email									
Delaware registration address	5	Street Address (not P.O. Box)			Ar	ot. #					
		City/Town/Village									
		County State		Zip Code							
Affirmation (REQU	IRE	D): I hereby swear or affirm, under penalty of perju	y, that:								
My signature and or	My signature and date herein indicate when I completed this document.										
The information on		Print this form, sign, and send in.									
		al misstatement of fact in completion of this document r conviction of perjury.	Today's dat	e							
may conducte groun	uo 10	. commencer or perjury.									
<u>Instructions</u>											
Make sure that the in Save the form to you Print the form then a	r com	•	ed.								

- 4. Return the form by email, FAX or mail to the office in the County in which you are registered.

## **Kent County Office**

email: votekc@delaware.gov FAX: (302) 739-4515 mail: Department of Elections Kent County Office

PO Box 699

Dover DE 19903-0699

## **New Castle County Office**

email: votencc@delaware.gov FAX: (302) 577-6545 mail: Department of Elections New Castle County Office

PO Box 7079

Wilmington DE 19803-0079

## **Sussex County Office**

email: votesc@delaware.gov FAX: (302) 856-5082 mail: Department of Elections Sussex County Office PO Box 457

Georgetown DE 19947-0457

FOR OFFICE USE ONLY										
☐ In Person	☐ Mail	☐ Email	$\square$ FAX	☐ Other:						
Received by: _			Date:		Processed by:	Date:				