



Office of the Secretary of State

Voluntary Cancellation of Voter Registration Form

If you need to cancel your registration to vote in the Commonwealth of Kentucky, please complete the following and mail to:

Office of the Secretary of State
Elections Division
700 Capital Avenue, Suite 148
Frankfort, KY 40601
sos.elections@ky.gov

Print your name

Use blue or black ink only.

1

Last:

First:

Middle:

Jr ☐ Sr ☐ II. ☐ III. ☐ IV ☐

About You

Phone and email are optional and may be used to contact you about important information.

2

Gender: ☐ Female ☐ Male

Birthdate (MM/DD/YYYY):

Social Security Number:

Phone Number:

Email Address:

Your address

The address at which you live and the address at which you are erroneously registered to vote in Kentucky

3

Address where you live (no P.O. Box):

Apt.:

City/Town:

County:

State:

Zip:

Address where you are registered:

Apt.:

City/Town:

County:

State:

Zip:

Signature

4

I hereby request the cancellation of my voter registration in the Commonwealth of Kentucky.

Voter sign here with blue or black ink only:

X

Date (MM/DD/YYYY):