



**CANCELLATION OF VOTER REGISTRATION
ALEXANDER COUNTY
NORTH CAROLINA**

ALEXANDER COUNTY
BOARD OF ELECTIONS
P. O. BOX 326
TAYLORSVILLE NC 28681

PHONE: 828-632-2990
FAX: 828-632-1381
elections@alexandercountync.gov

PURPOSE

This form is intended to provide notification of a voter’s request to cancel his or her voter registration. Upon submission of this form, the appropriate county board of elections will remove the voter from the county’s list of registered voters. Requested information will only be used to ensure that we are removing the correct voter.

INSTRUCTIONS

This form can **only** be completed by the voter. Voter should complete form as thoroughly as possible. Sign the form and then submit (*mail, fax, or scan & email*) it to the county board of elections office in the county in which the voter is registered. Contact information for the county boards of elections is available at www.ncsbe.gov.

Voter Information							
Last Name (Required)		First Name (Required)			Middle Name		Suffix
Date of Birth (Required) (MM/DD/YYYY)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 Digits of SSN	Driver License or ID No.	Voter Registration Number (if known)		
Voter Registration Address (Required)							
City (Required)			State NC	Zip Code	County (in which you were last registered)		

By signing this form, I give the county board of elections consent to cancel my voter registration record.

Signature	
X	
Signature (Required)	Date Signed

FRAUDLENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

Send Form To:

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Thank you for providing this information.