



**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  
[ALEXANDER.boe@ncsbe.gov](mailto:ALEXANDER.boe@ncsbe.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](http://www.ncsbe.gov).

Voter Information							
Last Name <b>(Required)</b>		First Name <b>(Required)</b>			Middle Name		Suffix
Date of Birth <b>(Required)</b> (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 <b>(Required)</b>							
City <b>(Required)</b>			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	
<b>X</b>	
Signature <b>(Required)</b>	Date Signed

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

Send Form To:

ALEXANDER COUNTY  
BOARD OF ELECTIONS  
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***Thank you for providing this information.***