California Voter Registration Cancellation Request Form

1. I, _____ (full name, as registered to vote), would like to cancel my voter registration. Please cancel my registration, as authorized by California Elections Code section 2201 (a).

2. **Print Full Legal Name:**
   (as used to register to vote)
   _____
   First / Middle Name or Initial / Last

3. **Date of Birth:**
   _____
   Month / Day / Year

4. **Complete Residence Address:**
   (as used to register to vote)
   _____
   Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N,S,E,W if used)

   _____
   City / Zip Code / California County

5. **Mailing Address:**
   (if different from above)
   _____
   Number and Street   (Designate N,S,E,W if used)

   _____
   City / State or Foreign County / Zip Code or Postal Code

Confidential Information: *(Optional)* Please provide the following information to ensure that your voter file record can be accurately identified.

6. **California Driver License or Identification Card Number:**
   _____

7. **Social Security, Last 4 Numbers:**
   _____

Signature: _____ **Date:** _____

Please sign and date this form and return to Trinity County Elections office, PO Box 1215 Weaverville, Ca 96093