



CANCELLATION OF VOTER REGISTRATION NORTH CAROLINA

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
FAX: 919-715-0135
elections.sboe@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. Questions : Contact Transylvania County Board of Elections at 828-884-3114.

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:

TRANSYLVANIA COUNTY BOARD OF ELECTIONS
PO BOX 868
BREVARD, NC 28712

Thank you for providing this information.

Fax: 828-884-8682 Email: TRANSYLVANIA.BOE@TCONC.ORG