

BW4-1-21
Prescribed by Secretary of State
Section 16.0331, Texas Election Code
3/09

REQUEST TO CANCEL VOTER REGISTRATION

Dear Voter Registrar:

Please cancel my voter registration. My name and address as it appears on my voter registration certificate is:

My birthdate is (include month, day, and year): ____ / ____ / _____

TX Driver's License No. or Personal I.D. No. (issued by TX Dept. of Public Safety) (Optional)

X _____
Signature of Voter or Voter's mark, if Voter Can't Sign.

_____ Printed Name of Person Who Cannot Sign	_____ Printed Name of Witness
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X _____
Signature of Witness

_____ or: _____
Residence Address of Witness Title if an Election Official

Instructions for witness: If the person required to sign this document cannot sign their name because of physical disability or illiteracy, they must affix their mark to the document and a witness must attest the mark. If the person cannot make their mark, the witness shall check here _____.