

Use This Form Only For Canceling Registration In Marin County

Please Print Clearly

Voter's Information

Last Name: _____ First Name: _____ Middle Name: _____

Marin County Residence Address: _____
Address City Zip Code

Current Address: _____

Date of Birth: _____ Place of Birth: _____

Please provide your phone number, in case clarification is needed: _____

Please cancel this registration for the following reason: _____

Signature: _____ Date: _____

Relationship to voter: _____

I, _____, certify under perjury that the information provided is true and correct.
(Full Name)

I hereby authorize the Marin County Registrar of Voters to cancel the above voter registration record.

Incomplete forms will not be processed

Please print, sign, and return the completed form:

Via Mail:

Registrar of Voters
PO Box E
San Rafael CA 94913

Via Fax:

415-473-6447

Via E-mail:

mhogan@marincounty.org