

COUNTY OF GLOUCESTER  
SUPERINTENDENT OF ELECTIONS/COMMISSIONER OF REGISTRATION



## REQUEST FOR CANCELLATION OF VOTER REGISTRATION

**REASON:**  No longer wish to be registered  Other: \_\_\_\_\_

Moved out of State

Moved out of County

Voter Deceased (Date of Death \_\_\_\_\_)

**VOTER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF  
BIRTH:** \_\_\_\_\_

**X**

**SIGNATURE OF VOTER** \_\_\_\_\_

**DATE** \_\_\_\_\_

For family member or homeowner requesting a review for potential Cancellation of Voter Registration, please complete the following:

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Voter:** \_\_\_\_\_

**Homeowner:**

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY  
PROCESS LABEL**