

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