

INSTRUCTIONS

If you are currently registered to vote in Idaho, you may cancel your voter registration by using this form. You must fill out all the required fields as marked below.

You can mail or deliver your signed form to your County Clerk's Office in person. County Clerk contact information is available online at Voteldaho.gov.

IDENTIFYING INFORMATION								
Your Name (As it appears on your voter r	registratio	n record.)						
First		Middle	Last				Suffix	
Mailing Address (As listed on your voter registration record.)								
Street Address		City	State	Zip Code County				
Date of Birth (mm/dd/yyyy)	Idaho D	river's License Number OR Las	t 4 Digits of	of your Social Security Number		itv Number		
			☐ I have not been issued an Idaho ☐ Driver's License or SSN					
					Dilvoi			
REASON FOR CANCELLATION								
REAGON FOR GANGELEATION								
CONTACT INFORMATION (This information will only be used for correspondence related to this cancellation)								
Current Residence Address (If different	from abou	/e)		T				
Street Address		City	State	Zip Code		County		
CERTIFICATION								
I certify that the voter registration information provided above is true and accurate and I hereby request cancellation of my Idaho voter registration, effective the date that this form is received by the County Clerks Office. I understand that I will no longer be eligible to vote in the State of Idaho unless I re-register to vote.								
Signature:					Date:			
Signature.					Date.			
				1				

Received By

OFFICIAL USE ONLY

Received Date

Voter Registration Number