



Official Georgia Voter Registration Cancellation/Removal Form

Instructions: Please complete this form to remove the following name from the list of registered voters in the State of Georgia. **Areas marked with an asterisk (*) are required**, however all information on this form can help locate your Voter Registration.

***Reason for Cancellation: (Select One)**

- Voter has moved out of state.
New State of Residence: _____
- Voter no longer wishes to be registered to vote in the State of Georgia.
- Voter is deceased.
Date of Death (MM/DD/YYYY): ____/____/____
Was there an obituary posted in the newspaper? Yes No

If voter is deceased, relationship to deceased voter: _____

***Full Name:** _____

(Former) GA Address of Registration: _____

(Former) GA County of Registration: _____ Last 4 of SSN: _____

***Date of Birth (MM/DD/YYYY):** ____/____/____ GA Driver's License or State ID #: _____

***Oath:**

I, _____, swear or affirm that the Voter Registration information provided above is true and accurate to the best of my knowledge. I hereby request the Georgia Voter Registration be cancelled for this voter, effective as of the date this form is received by the voter's County Board of Registration & Elections. I understand that this voter will no longer be eligible to vote in the State of Georgia unless they re-apply for registration.

***Signature:** _____ ***Date:** ____/____/____

THIS VOTER WILL NOT BE REMOVED UNLESS THIS FORM IS SIGNED BY THE VOTER OR A RELATIVE OF DECEASED VOTER, AS REQUIRED UNDER FEDERAL LAW.

Next Steps:

Email or mail this form to the voter's Georgia County Voter Registration Office or the Georgia Secretary of State's Office. Allow 2-3 weeks for processing once received by county officials. Please monitor your cancellation at GA My Voter Page (GA MVP: WWW.MVP.SOS.GA.GOV).

GA County Voter Registration Office Contact Information

Visit: MVP.SOS.GA.GOV/S/COUNTY-ELECTION-OFFICES

Georgia Secretary of State Contact Information

Email: VRCANCELLATION@SOS.GA.GOV

Attn: Voter Registration Cancellation
2 Martin Luther King Jr. Dr. S.E.
Suite 802, West Tower
Atlanta, GA 30334

OFFICE USE ONLY

Date Received: _____

VR Number: _____