

# REQUEST TO CANCEL VOTER REGISTRATION

I, \_\_\_\_\_, no longer desire to be a registered voter of \_\_\_\_\_ County, Oklahoma, and hereby swear or affirm that I wish to have my name removed from the registration rolls. My residence address is \_\_\_\_\_ . My date of birth is \_\_\_\_\_ .

\_\_\_\_\_  
voter's signature

\_\_\_\_\_  
date

**This form either must be witnessed by two persons or notarized as indicated below.**

## WITNESS ATTESTATION (If not notarized below)

This form was signed in our presence on \_\_\_\_\_ by \_\_\_\_\_ .  
(date) (voter's printed name)

### FIRST WITNESS:

### SECOND WITNESS:

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state, ZIP)

\_\_\_\_\_  
(city, state, ZIP)

## NOTARIZATION (If not witnessed above)

State of Oklahoma

County of \_\_\_\_\_

Signed and attested before me on \_\_\_\_\_ by \_\_\_\_\_ .  
(date) (name)

\_\_\_\_\_, Notary Public

My commission expires: \_\_\_\_\_

My commission number: \_\_\_\_\_