

Kentucky State Board of Elections

Voluntary Cancellation of Voter Registration Form

If you believe that you are erroneously registered to vote in the Commonwealth of Kentucky, please complete the following and mail to:

Kentucky State Board of Elections Erroneously Registered Voter 140 Walnut Street Frankfort, Kentucky 40601

Print your name Use blue or black ink only.	1	Last:	First:		
		Middle:   Jr   Sr   II.   III.   IV			
About You Phone and email are optional and may be used to contact you about important information.	2	Gender: Female Male   Birthdate (MM/DD/YYYY): Social Security Number:   Phone Number: Email Address:			
Your address The address at which you live and the address at which you are erroneously registered to vote in Kentucky	3	Address where you live (no P.O. Box):			Apt.:
		City/Town: Address where you are erroneously registe	County: ered:	State:	Zip: Apt.:
		City/Town:	County:	State:	Zip:
Signature		I hereby request the cancellat Kentucky. Voter sign here with blue or black ink only: X	 -	on in the Co	ommonwealth of
		Date (MM/DD/YYYY):			