

Bradford County Office of Election & Voter Services

REQUEST TO CANCEL VOTER REGISTRATION

This form can be used to request to cancel <u>YOUR</u> voter registration record in the Commonwealth of Pennsylvania. Complete this form and return it to the county voter registration office in the county in which you wish to cancel your voter registration.

Printed Na	me as Registered:		
Address on	PA Voter Registration Record:	Current Address (if	applicable):
City	, PA	City	State Zip Code
Date of Birt	th:	·	·
PA Driver's	License number: Last 4	digits of your Social Secu	urity Number:
Telephone number:		Email address:	
I hereby requ	uest <i>cancellation</i> of my voter registration re	cord in Bradford County be	cause:
□ I do	not wish to be registered to vote in the Con	nmonwealth of Pennsylvani	ia.
	I am not a legal resident of the Commonwealth of Pennsylvania or otherwise do not meet the qualifications to vote in the Commonwealth of Pennsylvania.		
to n	I am not a legal resident of Bradford County and intend to request transfer of my voter registration record to my current county of legal residence. [Note: If you wish to transfer your voter registration to another county within the Commonwealth of Pennsylvania, please complete a Voter Registration Mail Application (VRMA) and return it to the county voter registration office where your new residence is located.]		
MY OWN vo	that this Request to Cancel Voter Registration ter registration record canceled. I HEREBY A ue and accurate to the best of my knowledge me to criminal prosecution under 18 Pa.C.S.	FFIRM THAT the information and belief. I understand the	n I have provided in this hat false statements herein
Signature			 e