

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: _____