State of Delaware • Department of Elections

Voter Registration Cancellation Request - Registrant

Cancelation reason	1	I request the cancelation of my Voter Registration in the State of Delaware for the following reason: ☐ I no longer live in Delaware. ☐ I no longer wish to vote in Delaware Elections. ☐ Other reasons. Please specify your reason:
Legal name	2	Last name Suffix First name Middle name
Identification	3	Voter ID (if known) Birth date
Contact information	4	Telephone Email
Delaware registration address	5	Street Address (not P.O. Box) Apt. # City/Town/Village County State Zip Code

Affirmation (REQUIRED): I hereby swear or affirm, under penalty of perjury, that:

- My signature and date herein indicate when I completed this document.
- The information on this form is true and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signature Print this form, sign, and send in.

Today's date

Instructions

1. Make sure that the information on the form is correct and that all items are completed.
2. Save the form to your computer.
3. Print the form, then sign and date it.
4. Return the form by email, FAX or mail to the office in the County in which you are registered.

Kent County Office
email: votekc@delaware.gov
FAX: (302) 739-4515
mail: Department of Elections
Kent County Office
PO Box 699
Dover DE 19903-0699

New Castle County Office
email: votencc@delaware.gov
FAX: (302) 577-6545
mail: Department of Elections
New Castle County Office
PO Box 7079
Wilmington DE 19803-0079

Sussex County Office
email: votesc@delaware.gov
FAX: (302) 856-5082
mail: Department of Elections
Sussex County Office
PO Box 457
Georgetown DE 19947-0457

FOR OFFICE USE ONLY

☐ In Person ☐ Mail ☐ Email ☐ FAX ☐ Other:_____

Received by: _____ Date: _____ Processed by: _____ Date: _____

This information is for official use only. Any unauthorized release may be punishable by law.