



COUNTY OF DURHAM
BOARD OF ELECTIONS

REQUEST TO CANCEL VOTER REGISTRATION

**Please remove my name from the Durham County voter registration rolls.
I understand that I will no longer be eligible to vote in Durham County Elections.**

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

VOTER REGISTRATION NUMBER: _____
(If available)

Signature of Voter being removed

Date

This signed form must be returned to the Board of Elections by:

- **Delivery or mailed to the address below**
- **Fax to (919) 560-0688**
- **Email to elections@dconc.gov**