



## REQUEST FOR VOTER REGISTRATION CANCELLATION

I hereby request my voter registration to be canceled in Sangamon County, Illinois

Name: \_\_\_\_\_

Sangamon County street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to Sangamon County Election Office  
200 S. 9th Street, Room 105, Springfield, Illinois 62701  
[www.sangamoncountyclerk.com](http://www.sangamoncountyclerk.com)

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If you have any questions, please call Sangamon County Election Office at 217-753-VOTE (8683)