



OFFICE OF THE SUPERVISOR OF ELECTIONS
MIKE HOGAN

CANCELLATION OF VOTER REGISTRATION

Use this form if you are no longer wish to remain a registered voter in the State of Florida.

Instructions: Fill in the required information and mail, fax or deliver to our office at:

Duval County Supervisor of Elections
105 E. Monroe Street
Jacksonville, FL 32202
Fax: 904-630-2920

Name: _____

Date of Birth or Voter Registration Number: _____

Daytime Phone: _____

Please remove my name from the voter registration rolls in the State of Florida.

Signature of voter: _____

Date: _____