



# Official Georgia Voter Registration Cancellation/Removal Form

**Instructions:** Please complete this form to remove the following name from the list of registered voters in the State of Georgia. **Areas marked with an asterisk (\*) are required**, however all information on this form can help locate your Voter Registration.

**\*Reason for Cancellation: (Select One)**

- Voter has moved out of state.  
New State of Residence: \_\_\_\_\_
- Voter no longer wishes to be registered to vote in the State of Georgia.
- Voter is deceased.

Date of Death (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Was there an obituary posted in the newspaper?  Yes  No

If voter is deceased, relationship to deceased voter: \_\_\_\_\_

**\*Full Name:** \_\_\_\_\_

(Former) GA Address of Registration: \_\_\_\_\_

(Former) GA County of Registration: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

**\*Date of Birth (MM/DD/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GA Driver's License or State ID #: \_\_\_\_\_

**\*Oath:**

I, \_\_\_\_\_, swear or affirm that the Voter Registration information provided above is true and accurate to the best of my knowledge. I hereby request the Georgia Voter Registration be cancelled for this voter, effective as of the date this form is received by the voter's County Board of Registration & Elections. I understand that this voter will no longer be eligible to vote in the State of Georgia unless they re-apply for registration.

**\*Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

THIS VOTER WILL NOT BE REMOVED UNLESS THIS FORM IS SIGNED BY THE VOTER OR A RELATIVE OF DECEASED VOTER, AS REQUIRED UNDER FEDERAL LAW.

**Next Steps:**

Email or mail this form to the voter's Georgia County Voter Registration Office or the Georgia Secretary of State's Office. Allow 2-3 weeks for processing once received by county officials. Please monitor your cancellation at GA My Voter Page (GA MVP: [WWW.MVP.SOS.GA.GOV](http://WWW.MVP.SOS.GA.GOV)).

**GA County Voter Registration Office Contact Information**

Visit: [MVP.SOS.GA.GOV/S/COUNTY-ELECTION-OFFICES](http://MVP.SOS.GA.GOV/S/COUNTY-ELECTION-OFFICES)

**Georgia Secretary of State Contact Information**

Email: [VRCANCELLATION@SOS.GA.GOV](mailto:VRCANCELLATION@SOS.GA.GOV)

Attn: Voter Registration Cancellation  
2 Martin Luther King Jr. Dr. S.E.  
Suite 802, West Tower  
Atlanta, GA 30334

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

VR Number: \_\_\_\_\_