

**VOLUNTARY VOTER REGISTRATION CANCELLATION**



**TO THE JACKSON COUNTY BOARD OF ELECTION COMMISSIONERS:**

**Please cancel my voter registration. I understand that I will not be allowed to vote in the future public elections unless I re-register according to Missouri Revised Statute 115.133.**

**NAME** \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

**ADDRESS** \_\_\_\_\_  
NUMBER STREET CITY ZIP

**DATE OF BIRTH** \_\_\_\_\_  
MONTH / DAY / YEAR LAST FOUR OF SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE OF VOTER DATE MONTH / DAY / YEAR

**Please print, complete all information, sign and date the form above. Return to JCEB by either fax 816-325-4642, scan to email [jceb@jcebmo.org](mailto:jceb@jcebmo.org) or mail to P.O. Box 296, Independence, MO 64051**

**For any questions or concerns, please contact JCEB at 816-325-4600**

\_\_\_\_\_  
SIGNATURE OF ELECTION OFFICIAL RECEIVED DATE MONTH / DAY / YEAR