

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 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