

Maryland State Board of Elections

Voter Registration Cancellation Form

If you want to cancel your voter registration in Maryland, please complete this form and:

**Mail to: Maryland State Board of Elections
Attn: Voter Registration Division
P.O. Box 6486
Annapolis, MD 21401-0486**

Email to: DLVoterRegistration_SBE@maryland.gov

Or Fax to: 410-974-2019

If you have questions about completing this form, please call 1-800-222-VOTE. Electronic signature is acceptable.

Please print.

First Name: _____ **Middle Name:** _____

Last Name: _____ **Suffix (if applicable):** _____

Date of Birth (MM/DD/YYYY): _____

Last Residential Address in Maryland

Street Address: _____

City: _____ **State:** MD **Zip:** _____

Maryland Driver's License Number, ID number, Learner's Permit Number (if known):

Last 4 digits of Social Security Number: _____

Phone (optional): _____

Email (optional): _____

Signature: _____

Date of Signature: _____