KANSAS CITY BOARD OF ELECTION COMMISSIONERS
VOLUNTARY VOTER REGISTRATION CANCELLATION

I request cancellation of my voter registration. I understand that I will not be allowed to vote in future public elections unless I re-register according to Missouri Revised Statute 115.133.

NAME: _____ _____ _____
First Middle Initial Last

ADDRESS: _____ _____ _____ _____
Number Street City Zip Code

DATE OF BIRTH: _____ _____ _____ SS#:_____
Month Day Year

SIGNATURE OF VOTER: _____ _____
Date