

Please provide the information below to verify **your** voter registration record. This form will be attached to your voter registration record in order to process your cancellation request. ***This form cannot be submitted to cancel another registrant's record.***

1 Voter's Name <i>as it appears on your voter registration record</i>	Last _____ Middle _____ First _____ Suffix _____
2 Johnson County Address	Street Address (no P.O. Box) _____ City _____ State _____ Zip _____
3 Date of Birth	Date of birth <i>(do not write today's date here)</i> _____ MM/DD/YYYY
4 Signature <i>Signature will be verified against signature on voter registration record.</i> Sign Here →	<div style="border: 1px solid red; height: 60px; width: 100%;"></div> Date _____

Instructions for returning this form:

Email: registration@jocoelection.org

Text: 913-953-9539

Mail: 2101 E Kansas City Rd, Olathe, KS 66061

Deliver: 2101 E Kansas City Rd, Olathe, KS 66061