

REQUEST TO CANCEL VOTER REGISTRATION

Please mail this completed form to:

**Mason County Voter Registrar
PO BOX 391
Mason, TX 76856**

Dear Voter Registrar,

Please cancel my voter registration.

Name and Address as it appears on my voter registration certificate:

Name	
Resident Address	
City, State, Zip	

I understand the following information is necessary for the Mason County Voter Registrar to properly identify my records and cancel my voter registration:

Birth Date (mm/dd/yyyy)	
Texas Driver's License or Personal ID (optional)	
VUID Number (optional)	

Signature of voter canceling voter registration in Mason County or **printed name of voter** and relationship to the voter, if signed by a witness

Date

If the person cannot make their mark, the witness shall check this box and print their name below.

Printed Name of Witness

Instructions for witness: If the person required to sign this document cannot sign their name because of a physical disability or illiteracy, they must affix their mark to the document and a witness must attest the mark