

State of Delaware • Department of Elections

Voter Registration Cancellation Request - Close Relative

Registrant's name	1	Last name	Suffix
		First name	Middle name
Registrant's Delaware address	2	Street Address (not P.O.Box)	Apt.#
		City/Town	Zip Code
		DE	
Registrant's Identification information	3	Voter ID (if known)	
		Date of Birth	
Cancellation reason	4	Please cancel registrant's voter registration because:	
		Registrant no longer lives in Delaware	Registrant is Deceased
		Other, please specify: _____	
Your Name (Requestor)	5	Last name	Suffix
		First name	Middle name
Your relationship	6	I am the Registrant's	
		Mother	Father
		Sibling	Spouse
		Child	
Your contact information	7	Phone	
		Email	

Affirmation (REQUIRED): I hereby swear or affirm, under penalty of perjury, that:

- My signature and date herein indicate when I completed this document.
- The information on this form is true and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.

Signature: _____ Today's Date: _____

Instructions:

1. Make sure that the information on the form is correct and that all items are completed.
2. Save the form to your computer.
3. Print the form, then sign and date it.
4. Return the form by email, FAX or mail to the office in the County in which you are registered.

Kent County Office

email: votekc@delaware.gov
 FAX: (302) 739-4515
 mail: Department of Elections
 Kent County Office
 PO Box 699
 Dover DE 19903-0699

New Castle County Office

email: votencc@delaware.gov
 FAX: (302) 577-6545
 mail: Department of Elections
 New Castle County Office
 PO Box 7079
 Wilmington DE 19803-0079

Sussex County Office

email: votesc@delaware.gov
 FAX: (302) 856-5082
 mail: Department of Elections
 Sussex County Office
 PO Box 457
 Georgetown DE 19947-0457

FOR OFFICE USE ONLY

In Person Mail Email FAX Other: _____

Received by: _____ Date: _____ Processed by: _____ Date: _____