



Cancel Voter Registration Form (LA-CVR)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

If you are currently registered to vote in Louisiana, you may cancel your voter registration by using this form. You must fill out all the required fields as marked below.

You can mail or hand deliver your signed form to your parish registrar of voters office (contact information is available by phone or online at www.GeauxVote.com). You may also cancel your voter registration through our online voter registration system at www.GeauxVote.com.

Your name as listed on your Louisiana voter registration

Last name (required)	First name (required)	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Louisiana residence address as shown on your last voter registration card

Complete residence address (required)

Street address (No P.O. Box)	Apt. or Unit	City or Town	ZIP Code	Parish
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your identifying information

Birthdate (required) (MM/DD/YYYY)	<input type="text"/>	Mother's Maiden Name (if known)	<input type="text"/>
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Enter your Louisiana Driver's License or ID card number; if you do not have one provide the last four digits of your SSN (required):

Your Louisiana Driver's License or ID card number: _____

The last four digits of your Social Security number: _____

Sign or mark below

Affirmation: I affirm that the voter registration information provided above is true and accurate and I hereby request cancellation of my Louisiana voter registration, effective the date that this form is received by the Registrar of Voters Office. I understand that I will no longer be eligible to vote in the State of Louisiana unless I register to vote again.

SIGN HERE PLEASE!

Signature or Mark (required) _____
Date (required)

If you are unable to sign, you must make a mark and have two witnesses to the mark sign below:

_____ Witness Signature	_____ Date	_____ Witness Signature	_____ Date
_____ Print Witness Name		_____ Print Witness Name	

Your contact information (official use only)

Area code	Phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current residence address, if different from above

Street address	Apt. or Unit	City or Town	State	ZIP Code	Parish/County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICIAL USE ONLY BY REGISTRAR OF VOTERS

Received Date _____ Received by _____ Voter Registration Number _____