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).

Print Form

Your name as listed on your Louisiana voter registration

Last name (required) | First name (required) | Middle name

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

Your identifying information

Birthdate (required) (MM/DD/YYYY) | Mother's Maiden Name *(if known)*

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: ___ ___ ___ ___

Your contact information (will only be used for cancellation correspondence)

Area code | Phone number | Email address

Current residence address, if different from above

Street address | Apt. or Unit | City or Town | State | ZIP Code | Parish/County

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

OFFICIAL USE ONLY BY REGISTRAR OF VOTERS

Received Date _____ Received by _____ Voter Registration Number _____