



# 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](http://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: \_\_\_\_\_

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

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"/>

### 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 \_\_\_\_\_