

Voter's Authorization to Cancel Registration

I hereby authorize the cancellation of my registration

from _____ (former residence)
address

_____ County of _____ Washington
precinct

Signature of Voter

Date of Birth

NOTE: Signature of Voter making this authorization must correspond with signature on original registration record. If the voter is unable to sign his/her signature, the voter shall make a mark in the space provided above, in the presence of two witnesses. The witnesses must sign below.

Witness One

Witness Two