



REQUEST TO CANCEL VOTER REGISTRATION

To the El Paso County Voter Registrar:

Please cancel my voter registration in El Paso County, Texas.

The following is information printed on my voter registration certificate:

First Name: _____ **Last Name:** _____

Voter Unique Identifier Number (VUID) (Optional): _____

Residence Address: _____
Street Address, City, State and Zip Code. (If none, describe where you live. Do not include P.O. Box, Rural Rt. or Business Address)

I understand that the following information is necessary for the El Paso County Voter Registrar to properly identify my records to cancel my voter registration:

Date of Birth: ___ / ___ / _____

Texas Driver's License # or Texas Personal Identification # (Optional): _____

**If no Texas Driver's License # or Texas Personal Identification #,
the last 4 digits of my Social Security # (Optional):** ___ ___ ___ ___

I understand that cancellation of my voter registration will not necessarily exclude me from the jury summons process and does not disqualify me to serve as a juror in the county of residence.

X

Signature of Voter cancelling voter registration in El Paso County or
printed name of Voter and relationship to the Voter, if signed by a Witness.

___ / ___ / ___
Date (MM/DD/YYYY)

Instructions for Witness:

If the person required to sign this document cannot sign their name because of physical disability or illiteracy, they must affix their mark to the document and a Witness must attest the mark.

If the person cannot make their mark, the Witness shall check here _____.

Submit completed form by mail to:

El Paso County Voter Registrar
500 E. San Antonio Ave., Suite 314
El Paso, Texas 79901