



Voter Cancellation Request Form

This form can be used to cancel your Montana Voter Registration.

ELECTOR IDENTIFYING AND CONTACT INFORMATION

Last Name *

First Name *

Middle Name

Birthdate*

MT Driver's License # OR Last Four SSN

Phone Number

Email Address

Montana Residence Address

City

Zip Code

CANCELLATION REQUEST

I affirm that I am requesting to cancel my voter registration in _____ County.*

Signature of Voter*

Date*

THIS AFFIRMATION MUST BE SIGNED BY THE PERSON REQUESTING THEIR VOTER REGISTRATION TO BE CANCELLED. FAILURE TO SIGN WILL PREVENT THIS REQUEST FROM BEING PROCESSED.