



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.

Submit the completed form to your local [county elections office](#).

Updated: 9/2025