VOLUNTARY CANCELLATION OF VOTER REGISTRATION REQUEST FORM STATE OF OKLAHOMA

I,	, no longer desire to be a registered vot
Coun	ty, Oklahoma, and hereby swear or affirm that I wish to h
removed from the voter registration database	e. My residence address is
	My date of birth is
	•
s signature	Date
= -	igned by the voter and either witnessed by two perso
OR notari	ized as indicated below.
Witnes Attes	TATION (If not notarized below)
orm was signed in our presence on(date)	by (voter's printed name)
FIRST WITNESS:	SECOND WITNESS:
(printed name)	(printed name)
(signature)	(signature)
(street address)	(street address)
(city, state, ZIP)	(city, state, ZIP)
Notarizatio	ON (If not witnessed above)
State of	County of
Signed and attested before me on	by
(date)	(name)
	, Notary Public
	My commission expires:
	My commission number:

Please return this form to your County Election Board or the Oklahoma State Election Board.