



AUTHORIZATION TO CANCEL REGISTRATION

(VRG-14)

State Form 47363 (R3/12-01)
Indiana Election Commission (IC 3-7-43-1)

I authorize the appropriate voter registration officer
to CANCEL my voter registration at the following address:

This is my CURRENT ADDRESS:

Street or P.O. Box		Street or P.O. Box	
City or Town		City or Town	
County or Parish		County or Parish	
State, ZIP Code		State, ZIP Code	

SIGNED, THIS THE _____ DAY OF _____, 20_____:

Signature	Is the name you signed above the SAME name listed on the voter registration that you are canceling? If the names are different, please print your former name here:
Printed Name	Former Name
Date of Birth (MM/DD/YY) _____/_____/_____	

**POSTMASTER: RETURN SERVICE
REQUESTED**
