



# 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 <b>SAME</b> 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) _____/_____/_____	

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**POSTMASTER: RETURN SERVICE  
REQUESTED**

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