



# 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)<br>_____/_____/_____ |  |

---

---

---

---

**POSTMASTER: RETURN SERVICE  
REQUESTED**

---

---

---

---