



State of New Jersey  
**Burlington County**  
 Superintendent of Elections  
 and  
 Commissioner of Registrations



50 Rancocas Road | P.O. Box 6000 | Mount Holly, NJ 08060-6000  
 Phone: (609) 265-5111

## REQUEST FOR CANCELLATION OF VOTER REGISTRATION

If you or a family member wish to be removed from the Burlington County list of registered voters, please complete the following information. By completing and signing this form you swear and affirm that the information provided is true.

Name of Voter: \_\_\_\_\_

Burlington County Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### REASON FOR REMOVAL

- |                                                                                                                                                                                    |                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Moved out of state<br><br><input type="checkbox"/> No longer wish to be registered<br><br><input type="checkbox"/> Other (please explain): _____<br>_____ | <input type="checkbox"/> Deceased (date): _____<br><br><input type="checkbox"/> Moved out of county |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|

Signature of Voter \_\_\_\_\_ Date \_\_\_\_\_

### FOR FAMILY MEMBERS OR HOMEOWNER REPORTING CANCELLATION OF REGISTRATION:

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Voter: \_\_\_\_\_ Homeowner:

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return completed form with original signatures to the Superintendent of Elections address shown above.  
NO COPIES will be accepted.

If you have any questions, contact us at 609-265-5111 or by email at [soe@co.burlington.nj.us](mailto:soe@co.burlington.nj.us)

[www.co.burlington.nj.us](http://www.co.burlington.nj.us)