CLINT LUDWIG
Elections Administrator

Assistant Elections Administrator

TARRANT COUNTY
ELECTIONS ADMINISTRATION

REQUEST TO CANCEL VOTER REGISTRATION

To the Tarrant County Voter Registrar:

Please cancel my voter registration in Tarrant County, Texas. The following information below is printed on my voter registration certificate (Please Print Legibly):

Reason for Cancelling Voter Registration: _____

Name: _____

Address: _____

VUID/Voter ID Number (optional): _____

I understand that the following information below is necessary for the Tarrant County Voter Registrar to properly identify the voter registration record to cancel:

Date of Birth (month/day/year): _____

Texas Driver's License # or Personal I.D. #, (optional): _____

If no TDL or PID, the last four digits of Social Security Number, (optional): _____

I understand that cancellation of my voter registration will not necessarily exclude me from the jury summons process and does not disqualify me to serve as a juror in the county of my residence.

X _____ _____
Signature of Voter or Voter's mark, if Voter Can't Sign. Date
(Digital Signature Not Accepted)

_____ Printed Name of Person Who Cannot Sign	_____ Printed Name of Witness

X _____
Signature of Witness

_____ or: _____
Residence Address of Witness Title if an Election Official

Instructions for witness:
If the person required to sign this document cannot sign their name because of physical disability or illiteracy, they must affix their mark to the document and a witness must attest the mark. If the person cannot make their mark, the witness shall check here. ☐

PLEASE RETURN THIS COMPLETED FORM BY MAIL OR EMAIL
Tarrant County Elections, Voter Registration, PO Box 961011, Fort Worth, TX 76161-0011 or voterregistration@tarrantcountytx.gov