

State of Alaska Voter Registration Cancellation Form

(Please Print Clearly)



Please cancel my voter registration in the State of Alaska.

Full Name: _____
Last *First* *M.I.*

Provide one identifier to ensure that your voter record can be accurately identified:

Date of Birth: ____ / ____ / ____
Month Day Year

Alaska Driver's License or State ID Number: _____

Social Security Last 4 Numbers: _____

Alaska Voter Number: _____

SIGNATURE: _____ DATE: _____

Form may be submitted by mail, fax or email attachment

Mail:
Division of Elections
PO Box 110017
Juneau AK 99811-0017

Fax:
907.465.3203

Email:
elections@alaska.gov

If you need assistance or have any questions, please feel free to call us at 907.465.4611.