



## Voter Cancellation Form

I wish to cancel my Oregon voter registration in Marion County because I:

Moved out of state

No longer want to be registered to vote in Oregon

Other

**Personal Information** – all information is required

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Last Name	First	Middle
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Oregon Residence Address	City	Zip Code
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Date of Birth (Month/Day/Year)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Optional Information** – in case we have trouble locating your registration record

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Email	Phone
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**Note:** Wet Signature Required. Form may be submitted by email, mail, or fax.

**Please send completed form to:**

**Email:**  
elections@co.marion.or.us

**Mail:**  
Marion County Elections  
P.O. Box 14500  
Salem, OR 97309

**Fax:**  
(503)-588-5383

If you need assistance or have any questions, please call the Marion County Elections office at (503)-588-5041.