



Lisa Lewis
Supervisor of Elections
Volusia County

FLORIDA VOTER REGISTRATION CANCELLATION FORM

Instructions for the Voter

Please complete form and sign to cancel your Florida voter registration.

Form may be hand-delivered, mailed, or returned via email.

1750 S. Woodland Blvd, DeLand, FL 32720 elections@volusia.org

Print Voter's FULL Name:

Required

(First Middle Last)

Date of Birth OR Florida Voter Identification Number: _____

Required

Address of Voter Registration in the State of Florida:

(Street Address)

(City, Zip Code)

*Pursuant to Section 98.045(2a) of Florida Statutes,
I request that my name be removed from the Volusia County voter registration rolls.*

**Your signature on this form is required before the Supervisor of Elections can cancel your
Florida voter registration.**

Voter's Signature: _____

Required

Date Signed: _____