CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF ELECTIONS

John Arntz, Director

Request to Cancel Voter Registration

Only the voter may cancel a voter registration record. To cancel your San Francisco voter registration record, complete, sign, and return this form to the Department of Elections. Please allow 3 - 5 business days to process your request.

For Office Use Only

Mail / in person:
1 Dr. Carlton B. Goodlett Place
City Hall, Rm 48
San Francisco, CA 94102

Fax:
(415) 554-7344

Email:
SFVote@sfgov.org

Required Information

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Date of Birth (MM / DD / YYYY): _____ / _____ / _____

Residential Address:

_____

_____

Mailing Address (if different than above):

_____

_____

CA Driver License / Last four digits of SSN: _____

Phone or Email: _____

I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Sign here ➡ _____ Date: _____