KANSAS CITY BOARD OF ELECTION COMMISSIONERS VOLUNTARY VOTER REGISTRATION CANCELLATION

I request cancellation of my voter registration. I understand that I will not be allowed to vote in future public elections unless I re-register according to Missouri Revised Statute 115.133.

NAME:First	Middle Initial	Last	
ADDRESS: Number	Street	City	Zip Code
DATE OF BIRTH: Month Day	Year LAST 4 DIGITS OF SS#:		
SIGNATURE OF VOTER:		-	Date