



**CAROL A. DUNAWAY**  
**SUPERVISOR OF ELECTIONS**  
**JACKSON COUNTY, FLORIDA**

## Voter Registration Cancellation Form

(To remove name from Registration records)  
( Sec. 98.045, F.S.)

**Instructions:** Complete this form to cancel your voter registration in Florida. Mail, email, fax, or hand-deliver the completed form to our office. Once we receive the form, we will remove your name from the Florida Voter Registration System. If you now live outside Florida, visit [usa.gov/election-office](http://usa.gov/election-office) for information on how to register to vote in your new state.

**Mailing Address:** Jackson County Supervisor of Elections Office  
2851 Jefferson Street Marianna, Fl 32448

**Physical Address:** Jackson County Supervisor of Elections Office  
2851 Jefferson Street Marianna, Fl 32448

**Email Address:** [Email@votejacksonfl.gov](mailto:Email@votejacksonfl.gov)

**Fax Number:** (850)482-9102

	_____	_____	_____
	Last Name	First Name	Middle Name
<b>Your Information</b>	_____		
	Date of Birth	OR	Voter Registration Number <i>(if known)</i>
	_____		_____
	Email Address <i>(optional)</i>		Phone Number <i>(optional)</i>
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<b>Address</b>	_____		
	Street		
	_____		
	City	State	Zip
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<b>Your Signature</b> <i>(required)</i>	_____		_____
	Signature		Date