

Affidavit for Cancellation of Voter Record

STATE OF HAWAII

- [] County of Hawai'i
- [] County of Kaua'i
- [] County of Maui
- [] City & County of Honolulu

} SS.

IMPORTANT: PRINT CLEARLY IN BLACK INK. FAILURE TO COMPLETE ALL ITEMS WILL PREVENT ACCEPTANCE OF THIS AFFIDAVIT.

Date/Time Stamp (Office Use Only)

Instructions:

1. To cancel YOUR voter registration complete only PART 1 (Voter Initiated Cancellation)
2. To cancel the registration of a DECEASED individual complete only PART 2 (Deceased Voter Cancellation)

PART 1. Voter Initiated Cancellation	
Name:	
Social Security No.:	Date of Birth:
Residence Address:	
<i>By signing below, I hereby affirm that the information above is true and correct, and authorize the City/County Clerk to cancel my voter registration in the State of Hawai'i.</i>	
Signature:	Date:

PART 2. Deceased Voter Cancellation	
Decedent's Name:	
Social Security No. and/or Date of Birth:	
Residence Address:	
Requestor's Name:	
Address:	
Relationship to Decedent:	Contact Phone No.:
<i>By signing below, I hereby affirm that the information provided above is true and correct, and request that the City/County Clerk cancel the decedent's voter registration in the State of Hawai'i.</i>	
Signature:	Date:

Office Use Only

Date Processed:	Initials:	Status:
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