



## Voter Registration Cancellation Form

Please remove the following person from the Sedgwick County, Kansas, Voter Registration lists:

Full Name \_\_\_\_\_  
Print Last Name, First & Middle Names

Address \_\_\_\_\_  
Street Address-City-Zip Code

Date of Birth \_\_\_\_\_ Last 4 Digits of Social Security # \_\_\_\_\_

**Reason for removal (check appropriate box):** *(Kansas Constitution, Article 5 Section 2; K.S.A. 25-2316c)*

- Moving or Moved out of Sedgwick County
- Desire to remove self from the registration lists
- Deceased *(include copy of obituary)*  
Date of death *(if not listed in obituary):* \_\_\_\_\_

**Your relationship to person to be removed (check appropriate box):**

- Self
- Family Member *(valid only if person to be removed is deceased)*

**Form submitted by (print your name):** \_\_\_\_\_

**Signature of person submitting form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Submit this form and any required documentation in person, by mail or email to:

Sedgwick County Election Office  
510 N. Main, Suite 101, Wichita, KS 67203  
Email: VoterInformation@sedgwick.gov Fax: 316-660-7125