

Kern County Elections
1115 Truxtun Ave. 1st Floor
Bakersfield, CA 93301
Phone 661-868-3590
Fax 661-868-3768
kernvote.com

Request to Remove Family Member from Kern County Voter Roll

Name of Voter: First Name		Middle Name:	Last N	Name:	
Voters Kern County R	esidence A	ddress: (where register	ed to vote)		
City:				Zip Code:	
Date of Birth:					
California Driver License Number:				Last 4 digits of Social Security Number:	
Please remove the ab	ove voter fo	or the following reaso	n:		
Voter has mov	ed to: (Add	ress)			
Voter is decea	sed: (Date	of Death)			
must have the following Name of person proving Your relationship to the	ng 3 items o	ompleted:	. 4 10101 110	om the registration rolls, we	
•	e voter:				
Signature (Required):				Date:	
This form may be n	nailed or fa	xed to the Kern Co	unty Elect	ions Division at:	
1115	Kern County Elections 1115 Truxtun Ave. 1 st Floor Bakersfield, CA 93301				
Fax: 661-8	661-868-3768				
	Please	complete entire fo	orm. Tha	nk you	
		For Office Use Or	nly		
Affidavit #:	: Date Received:				
Comments:					