



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

## Request to Remove Self from Kern County Voter Roll

First Name:	Middle Name:	Last Name:
Kern County Residence Address: (where registered to vote)		
City:	Zip Code:	
Date of Birth:		
California Driver License Number:	Last 4 digits of Social Security Number:	
Reason for Cancellation (Optional):		

I request that my name be removed from the Kern County voter rolls. I understand that I will be required to complete a new registration form if I wish to vote in future elections in Kern County.

Signature of Voter (Required):	Date:
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This form may be mailed or faxed to the Kern County Elections Division at:

Mail: Kern County Elections Division  
1115 Truxtun Ave. 1<sup>st</sup> Floor  
Bakersfield, CA 93301

Fax: 661-868-3768

----- For Office Use Only -----

Affidavit #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_