



## AUTHORIZATION TO CANCEL REGISTRATION

(VRG-14)

State Form 47363 (R3/12-01)

Indiana Election Commission (IC 3-7-43-1)

I authorize the appropriate voter registration officer  
to CANCEL my voter registration at the following address:

This is my CURRENT ADDRESS:

Street or P.O. Box		Street or P.O. Box	
City or Town		City or Town	
County or Parish		County or Parish	
State, ZIP Code		State, ZIP Code	

SIGNED, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_:

Signature	Is the name you signed above the <b>SAME</b> name listed on the voter registration that you are canceling? If the names are different, please print your former name here:
Printed Name	Former Name
Date of Birth (MM/DD/YY) _____/_____/_____	

---

---

---

---

**POSTMASTER: RETURN SERVICE  
REQUESTED**

---

---

---

---