

Withdrawal of Colorado Voter Registration

For office use only

Voter ID Number: _____

If you are currently registered to vote in Colorado, you may use this form to withdraw your voter registration. You must fill out all fields marked with an asterisk (*).

Mail, deliver, or scan and email your signed form to your county clerk and recorder (contact information is available online at www.elections.colorado.gov) or to the Colorado Secretary of State's Office:

The Colorado Secretary of State - Elections Division
1700 Broadway, Suite 550
Denver, Colorado 80290
Public.Elections@coloradosos.gov

Your name as currently shown on your voter registration record

Last name*

First name*

Middle name

Your identifying information

Your birthdate* (MM/DD/YYYY)

Enter one or both of the following*:

Your Colorado Driver's License or Colorado ID card number: ____ - ____ - ____ - ____

The last four digits of your Social Security number: X X X - X X - ____ - ____

Your contact information currently shown on your voter registration record

Your home address (required if you did not provide a Colorado Driver's License or Colorado ID card number above)

Street address (No P.O. Boxes)

Apt. or Unit

City or Town

ZIP Code

Colorado County

Your phone number and email


Area code

Phone number

Email address

Sign or mark below

Self-Affirmation: I affirm that the voter registration information provided above is true and accurate to my best knowledge. I hereby request withdrawal of my Colorado voter registration, effective the date that this form is received by the County Elections Office. I understand that I will no longer be eligible to vote in the State of Colorado unless I re-apply for registration.

Sign
here 

Signature or Mark*

Date*

Witness Signature

Date

(If you are unable to sign, you must make a mark and a witness to the mark must sign here).