



REQUEST FOR VOTER REGISTRATION CANCELLATION

I hereby request my voter registration to be canceled in Cass County, Illinois.

Name: _____

Cass County Street Address: _____

City: _____ Zip: _____

Date of Birth: _____ Phone: _____

Signature: _____ Date: _____

Please mail the completed form to Cass County Clerk & Recorder
100 E. Springfield Street, Virginia, IL 62691
countyclerk@co.cass.il.us

If you have any questions, please call Cass County Clerk's Office at 217-452-2277 *4