

## 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](http://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](mailto:Public.Elections@coloradosos.gov)

### Your name as currently shown on your voter registration record

Last name\*

First name\*

Middle name

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 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.



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).