



**COUNTY OF MERCER**  
**SUPERINTENDENT OF ELECTIONS**  
**AND**  
**COMMISSIONER OF REGISTRATION**  
**McDADE ADMINISTRATION BUILDING**  
**640 SOUTH BROAD STREET**  
**P.O BOX 8068**  
**TRENTON, NEW JERSEY 08650-0068**  
**(609) 989-6750 | Fax: (609) 989-6888**

WALKER M. WORTHY, JR.  
SUPERINTENDENT OF ELECTIONS  
COMMISSIONER OF REGISTRATION

SHERRY L. HENDERSON  
DEPUTY SUPERINTENDENT OF ELECTIONS

**REQUEST FOR CANCELLATION OF VOTER REGISTRATION**

If you or a family member wish to be removed from the Mercer County list of registered voters, please complete the following information. By completing and signing this form you swear and affirm that the information provided is true.

Name of Voter: \_\_\_\_\_

Mercer County Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**REASON FOR REMOVAL**

<input type="checkbox"/> Moved out of State	<input type="checkbox"/> Deceased ( <i>date</i> ): _____ <i>(Please provide a copy of the death certificate for our records)</i>
<input type="checkbox"/> No longer wish to be registered	<input type="checkbox"/> Moved out of County
<input type="checkbox"/> Other ( <i>please explain</i> ): _____ _____	

Signature of Voter: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FAMILY MEMBERS OR HOMEOWNER REPORTING CANCELLATION OF REGISTRATION:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Voter: \_\_\_\_\_ Homeowner:

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return completed form with original signatures to the Superintendent of Elections address shown above.  
**NO COPIES** will be accepted.

If you have any questions, contact us at 609-989-6750 or by email at [superintendentofelections@mercercounty.org](mailto:superintendentofelections@mercercounty.org)