



Cancellation of Registration Form

Use this form if you no longer wish to remain a registered voter in the State of Florida.

Instructions: Fill in the required information and mail, scan and email, fax or hand deliver to our office at:

St. Johns County Supervisor of Elections
4455 Avenue A, Suite 101
St. Augustine, FL 32095

Email: elections@votesjc.com
Fax: 904-823-2249

Name: _____

Date of Birth or Voter Registration Number: _____

Daytime Phone: _____

Please remove my name from the voter registration rolls in the State of Florida.

Signature of voter: _____

Date: _____