

**Affidavit for Cancellation of Voter Record
City and County of Honolulu**

IMPORTANT: Print clearly in black or blue ink.
Failure to complete all items will prevent acceptance of this affidavit.

Date/Time Stamp (Office Use Only)

Instructions:

1. To cancel YOUR voter registration complete only PART 1 (Voter Initiated Cancellation)
2. To cancel the registration of a DECEASED individual complete only PART 2 (Deceased Voter Cancellation)
3. Mail or drop off the signed form to: Honolulu Elections Division
Office of the City Clerk
530 S King St, Rm 100
Honolulu, HI 96813

| PART 1. Voter Initiated Cancellation | |
|---|----------------|
| Name: | |
| HI Driver's License / State ID Number or Social Security Number's last 4-digits: | Date of Birth: |
| Residence Address: | |
| <i>By signing below, I hereby affirm that the information above is true and correct, and authorize the City Clerk to cancel my voter registration in the City and County of Honolulu.</i> | |
| Signature: | Date: |

| PART 2. Deceased Voter Cancellation | |
|--|-----------------------|
| Decedent's Name: | |
| HI Driver's License / State ID Number or Social Security Number's last 4-digits: | Date of Birth: |
| Residence Address: | |
| Requestor's Name: | |
| Address: | |
| Relationship to Decedent: | Contact Phone No.: |
| <i>By signing below, I hereby affirm that the information provided above is true and correct, and request that the City Clerk cancel the decedent's voter registration in the City and County of Honolulu.</i> | |
| Signature: | Date: |

Office Use Only

| | | |
|-----------------|-----------|---------|
| Date Processed: | Initials: | Status: |
|-----------------|-----------|---------|