

**VOTER CANCELLATION FORM**  
**REMOVE FROM PULASKI COUNTY VOTER REGISTRATION**

**REASON FOR REMOVAL FROM PULASKI COUNTY VOTER REGISTRATION:** PLEASE CHECK ONE

**Moved Out Of State / County**

**Voter's Request**

**Deceased**

**Name of Voter Being Cancelled:**  
**PLEASE PRINT**

\_\_\_\_\_ First, M., Last

**Pulaski County Address Only:**

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State, Zip

**Contact Telephone Number:**

**Date of Birth:** \_\_\_\_\_  
MM/DD/YY

**Last Four Digits of Social Security Number: XXX-XX-** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TERRI HOLLINGSWORTH**  
**Pulaski Circuit/County Clerk**  
**Voter Registration Department**  
**P.O. Box 2659**  
**Little Rock, AR 72203-9444**  
**Office (501) 340-8336 Fax (501) 421-9255**  
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