

Affidavit for Cancellation of Voter Record

State of Hawai'i, County of Maui

Date/Time Stamp (Office Use Only)

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

Instructions:

- To cancel YOUR voter registration, complete only PART 1 (Voter Initiated Cancellation)
- To cancel the registration of a DECEASED individual complete only PART 2 (Deceased Voter Cancellation)
- Mail or drop off the signed form to:
Office of the County Clerk
County of Maui
200 S. High Street, #708
Wailuku, HI 96793

PART 1. Voter Initiated Cancellation

Last Name: _____ First Name: _____ Middle Initial(s): _____ Suffix: _____

Hawai'i Driver's License / State ID Number or
Last 4-digit Social Security Number: _____ Date of Birth: _____

Residence Address in Hawai'i _____ Apt. No. _____ City: _____ Zip Code: _____

Warning: Any person who knowingly furnishes false information may be guilty of a Class C felony.
I hereby swear (or affirm) that all information furnished on this application is true and correct.

Signature: _____ Date: _____

If you are unable to sign, mark the signature line and have a witness sign and provide their address and phone number below.

PART 2: Deceased Voter Cancellation

Last Name: _____ First Name: _____ Middle Initial(s): _____ Suffix: _____

Hawai'i Driver's License / State ID Number or
Last 4-digit Social Security Number: _____ Date of Birth: _____

Residence Address in Hawai'i _____ Apt. No. _____ City: _____ Zip Code: _____

Requestor's Name: _____ Relationship to Decedent: _____

Address: _____ Contact Phone No: _____

Warning: Any person who knowingly furnishes false information may be guilty of a Class C felony.
I hereby swear (or affirm) that all information furnished on this application is true and correct.

Signature: _____ Date: _____

If you are unable to sign, mark the signature line and have a witness sign and provide their address and phone number below.