Withdrawal of Colorado Voter Registration

If you are currently registered to vote in Colorado, you may use this form to withdraw your voter registration. You must fill out all fields marked with an asterisk (*).

Mail, deliver, or scan and email your signed form to your county clerk and recorder (contact information is available online at www.elections.colorado.gov) or to the Colorado Secretary of State’s Office:
The Colorado Secretary of State - Elections Division
1700 Broadway, Suite 200
Denver, Colorado 80220
Public.Elections@sos.state.co.us

Your name as currently shown on your voter registration record

Last name* First name* Middle name

Your identifying information

Your birthdate* (MM/DD/YYYY)

Enter one or both of the following*:
Your Colorado Driver's License or Colorado ID card number: ____________ - ____________ - ____________ - ____________
The last four digits of your Social Security number: ____________ - ____________ - ____________ - ____________

Your contact information currently shown on your voter registration record

Your home address (required if you did not provide a Colorado Driver's License or Colorado ID card number above)

Street address (No P.O. Boxes) Apt. or Unit City or Town ZIP Code Colorado County

Your phone number and email

Area code Phone number Email address

Sign or mark below

Self-Affirmation: I affirm that the voter registration information provided above is true and accurate to my best knowledge. I hereby request withdrawal of my Colorado voter registration, effective the date that this form is received by the County Elections Office. I understand that I will no longer be eligible to vote in the State of Colorado unless I re-apply for registration.

Sign here

Signature or Mark* Date* Witness Signature Date

(If you are unable to sign, you must make a mark and a witness to the mark must sign here).