

ENOCH,

USE THIS FORM ONLY FOR CANCELING REGISTRATION IN SAN DIEGO COUNTY

VOTER'S INFORMATION

LAST NAME: ENOCH FIRST NAME: _____ M.I. _____ Voter ID # _____
(PRINT CLEARLY) (PRINT CLEARLY)

San Diego County Residence Address: _____ RANCHO SANTA FE CA 92067

Current Address: _____ AS ABOVE

Date of Birth: _____ Place of Birth: DUBLIN IRELAND

In case clarification is needed, please provide your phone number: _____

Please cancel this registration for the following reason: ~~BECAUSE~~ I AM NOT A US CITIZEN
I FILLED IN DMV FORM IN ERROR. PLEASE REMOVE ME

Signature: _____ Date: 08-08-17

Relationship to Voter: _____

I ENOCH (FULL NAME) certify under penalty of perjury that the information provided is true and correct.

I hereby authorize the San Diego County Registrar of Voters to cancel the above voter registration record.

INCOMPLETE FORMS WILL NOT BE PROCESSED

Please PRINT, SIGN and RETURN the completed form:

Please return completed form:

Via Mail:
Registrar of Voters
P.O. Box 85656
San Diego, CA 92186-9504

Via Fax:
(858) 694-2955

Via E-mail:
rovmail@sdcountry.ca.gov

REC'D S.D. CO. ROV
2011 AUG 9 A 9:20

C16
08/11/17
LH

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

AFFIDAVIT OF REGISTRATION

PRINT IN INK

1 NAME (First, Middle, Last) Optional <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. ENOCH		RECEIVED COUNTY OF SAN DIEGO CLERK OF VOTERS SEP 16 AM 11:15	
2 RESIDENCE (Number - Street - Apartment No.) City LA JOLLA County SAN DIEGO ZIP Code 92037		11 HAVE YOU EVER BEEN REGISTERED TO VOTE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete this section to the best of your knowledge concerning your most recent registration. Name (as registered) ENOCH	
3 If street address is unknown, please furnish the name of the property owner and/or parcel number Owner _____ Parcel _____		Former Address City LA JOLLA County SAN DIEGO State CA Former Political Party	
4 MAILING ADDRESS (if different from residence) City _____ State _____ ZIP Code _____		READ THIS STATEMENT AND WARNING PRIOR TO SIGNING I am a citizen of the United States and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury under the laws of the State of California that the information on this affidavit is true and correct. WARNING Perjury is punishable by imprisonment in state prison for two, three or four years. §126 Penal Code	
5 DATE OF BIRTH (Month - Day - Year)	8 OCCUPATION HOME MAKER	12 SIGNATURE—Sign on line in box below.	
6 BIRTHPLACE (U.S. State or Foreign Country) IRELAND	9 Telephone (Optional) Area Code ()	Date 371 238568	
7 POLITICAL PARTY (check one) <input type="checkbox"/> American Independent Party <input type="checkbox"/> Democratic Party <input type="checkbox"/> Green Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Peace and Freedom Party <input checked="" type="checkbox"/> Republican Party <input type="checkbox"/> Decline to State <input type="checkbox"/> Other (Specify) _____	10 OPTIONAL SURVEY Can you help in the following area(s) <input type="checkbox"/> Polling Place Worker <input checked="" type="checkbox"/> Polling Place Site 1366348	13 If someone helps fill out or keeps this form, see # 13 instructions below. ()	