



Office of the Minnesota Secretary of State

Revocation of UOCAVA Absentee Ballot Request

Complete this form to stop receiving UOCAVA ballots.
Completing this form will not affect your voter registration or future applications for UOCAVA ballots if appropriate.

Please Print Clearly

1. Voter information:

Last Name	First Name	Middle Name
_____/_____/_____		
Date of Birth		
Email Address	(_____) _____	- _____
	Phone Number	

2. Address in Minnesota at which voter is registered to vote:

Address		
City	State	Zip

3. I no longer wish to receive a UOCAVA ballot because:

- I am no longer a member of the uniformed services on active duty.
- I have returned to the United States.

Signature	Date _____/_____/_____
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