Purpose:

Name of Form:

Cancellation of voter registration.

Number of Copies Required:

One.

Completed by:

Clerk of the Court.

Filing Date:

Not later than the 10th day of each month.

Filed with:

Voter Registrar of county of residence of person in question.

Comments:

- (1) The Clerk of Court sends an abstract of final judgement of mental incapacity to the voter registrar of the county of residence of the person in question.
- (2) On receiving an abstract of mental incapacity, the voter registrar cancels the registration and notifies the voter of the cancellation.
- (3) If the abstract affects the person in question by cancelling his/her registration, the voter registrar shall retain the abstract with the person's voter registration application.

Current form is 3/07.

ABSTRACT OF FINAL JUDGMENT OF MENTAL INCAPACITY

I, the undersigned, being the clerk of the county or probate court of				County,	
do hereby certify that the	following person is o	of legal voting age a	nd a resident with	in this State.	
I do hereby certify the incapacitated without the	at he/she has been right to vote, in(1	n adjudged mental name of court)	ly incapacitated	or partially	
docket number	on (date of a	adjudgment)			
Name of person					
Permanent residence addr	ess				
	,				
Birthdate			Sex		
Social Security Number (i	f available)				
Supplemental identification	on:				
		Signature of C	Clerk		
Sea	1				
		Date			
		D uit			

Not later than the 10th day of each month, the clerk of each county or probate court in this State shall furnish to the registrar of voters of the county of residence of the person so adjudged, an abstract of each final judgment adjudging the person over the minimum voting age and resident within this State to be mentally incapacitated or partially incapacitated without the right to vote.