

# الجمهورية الجزائرية الديمقراطية الشعبية

Consulate General of Algeria  
New York



القنصلية العامة الجزائرية  
نيويورك

## Electoral List Revision Radiation Application

Last Name: .....

First Name: .....

Father's Name : .....

Mother's Name: .....

Date and Place of Birth: .....

Address : .....

E-mail : .....

Wish to be removed from the electoral list of the Consulate General in New York.

Signature of the applicant