## Affidavit for Removal of Name on Petition

To: Secretary of State Robert B. Evnen

As described in Nebraska Revised Statute §32-632, I hereby request the removal of my name from the petition to, or known as, or described as:

Protect the Right to Abortion – Constitutional Initiative

I understand this affidavit must be presented at the filing office prior to or on the day of the filing of said petition for verification.

(Printed Name of Registered Voter)

(Address of Registered Voter)

(Date Signer Requesting Removal)

State of Nebraska ) ) s.s. County of

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signature of Registered Voter)

(Seal)

(Election Official & Title or Notary Public)

## Mail notarized forms to:

Nebraska Secretary of State P.O. Box 94608 Lincoln, NE 68509-4608

Must be received by July 3<sup>rd</sup>, 2024