

Request for Cancellation of Registration Because of Death

I hereby declare, under penalty of perjury, that I am a Registered Voter and according to my personal knowledge of belief:

Name of Deceased Voter

Date of Birth of Deceased

Date of Death (if known)

Address Given on Registration Record

has died and I am requesting that the voting registration records of said deceased person be cancelled.

Signature of Voter

Address

NOTE: This record is to be attached to the voter registration form and the Secretary of State Notified of cancellation.