

Voter registration cancellation

C-D

deceased voter

Complete this form to request that King County Elections cancel the voter registration of a deceased voter.

| w to return this form are are three ways to return form: | Mail King County Elections Attn: Cancellation 919 SW Grady Way Renton, WA 98057-2906 | Email elections@kingcounty.gov Fax 206-296-0108 |
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| Please provide information | of deceased voter in King Co | ounty. |
| Name First | Middle | Last |
| Registration No. (if known) | | Date of Birth (mm/dd/yyyy) |
| Registered address | Street | |
| City/Zip | | |
| Please provide your inform | ation (voter reporting death) | |
| Name (please print) | | Relationship to deceased |
| | nalty of perjury, that according d in section 1 above is deceas on rolls: | |
| Signature | | Date |