

NOTIFICATION OF DECEASED VOTER

A. Deceased Voter Information

Full name (including middle name and any suffix): _____

Date of birth (MM/DD/YYYY): ____/____/____ Age: _____ Gender: _____

DC driver's license or DMV-issued ID number OR last 4 digits of SSN: _____

Voter registration address: _____

Last known address (if different from above): _____

B. Person Providing Deceased Voter Information

Full name (including middle name and any suffix): _____

Full residence address: _____

Relationship to deceased voter: _____

I, _____, swear or affirm that the voter indicated above is deceased and that the information I have provided above is true and accurate to the best of my knowledge.

Signature

Date

(If you are unable to sign, you must make a mark above and a witness to the mark must sign and date below).

Witness signature

Date



Place
Postage
Here

District of Columbia
Board of Elections
1015 Half Street, SE Suite 750
Washington, DC 20003-4733