



District of Columbia Board of Elections

NOTIFICATION OF DECEASED VOTER

A. Deceased Voter Information

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

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

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 complete the line below).

Witness Printed Name

Witness Signature

Date



Place
Postage
Here

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