



## Snohomish County Elections

*A Division of the Auditor's Office*

**Garth Fell**  
County Auditor

### Request for Cancellation of Voter Registration Due to Death

#### Information regarding the Deceased Voter

Please print:

|                |  |
|----------------|--|
| Name           |  |
| Street address |  |
| City           |  |
| Date of birth  |  |

#### Certification Oath

I hereby declare, under penalty of perjury, that according to my personal knowledge and belief, the voter name written above is deceased and should be removed from the Snohomish County voter registration database;

Your signature and date \_\_\_\_\_

#### Your information

Please print:

|                               |  |
|-------------------------------|--|
| Your name                     |  |
| Your contact phone            |  |
| Your relationship to deceased |  |