



## Snohomish County Elections

*A Division of the Auditor's Office*

**Carolyn Weikel**  
County Auditor

**Garth Fell**  
Elections and Recording Manager

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### **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 registration rolls;

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

Please print:

Your name \_\_\_\_\_

Your contact phone \_\_\_\_\_

Your relationship to deceased \_\_\_\_\_