



Snohomish County Elections

A Division of the Auditor's Office

Carolyn Weikel
County Auditor

Garth Fell
Elections and Recording Manager

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 _____