



# Voter Registration Cancellation

## Deceased Voter

Complete this form to request that Franklin County Elections cancel the voter registration of a deceased voter.

<b>How to return this form:</b>	<b>In Person:</b> 1016 N 4 <sup>th</sup> Ave Pasco, WA 99301	<b>Mail:</b> Franklin County Elections PO Box 1451 Pasco, WA 99301	<b>Email:</b> <a href="mailto:elections@franklincountywa.gov">elections@franklincountywa.gov</a>  <b>Fax:</b> 509-545-2995
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**1** Please provide the information of the deceased voter in Franklin County.

<b>Name</b>	First	Middle	Last	
<b>Date of Birth</b>	<b>Registration No. (if known)</b>			
<b>Registered Address</b>	Street	City	State	Zip

**2** Please provide your information

<b>Name (print)</b>	<b>Relationship to deceased</b>
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**3** **Sign the Declaration**

I hereby declare, under penalty of perjury, that I am a registered voter and according to my personal knowledge or belief, the voter named above is deceased and should be removed from the official registration list.

<b>Signature</b>	<b>Date</b>
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