



Voter Registration Cancellation

Deceased Voter

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

How to return this form:	In Person: 1016 N 4 th Ave Pasco, WA 99301	Mail: Franklin County Elections PO Box 1451 Pasco, WA 99301	Email: elections@franklincountywa.gov Fax: 509-545-2995
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1

Please provide the information of the deceased voter in Franklin County.

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

2

Please provide your information

Name (print)	Relationship to deceased
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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.

Signature	Date
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