



Snohomish County Elections

A Division of the Auditor's Office

Carolyn Weikel
County Auditor

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Deputy 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	