



Cancellation of Voter Registration - Deceased

Use this form to cancel the voter registration of a deceased voter.

1. Provide information of deceased voter in Pierce County

Name of Deceased:	First	Middle	Last
Date of Birth: (mm/dd/yyyy)	Voter Registration No. (if known)		
Registered Address:			

2. Provide your information (person requesting cancellation)

Name: (please print)	Relationship to Deceased:
Address:	

3. Sign and date

I hereby declare, under penalty of perjury, that according to my personal knowledge and belief, the voter named in section 1 is deceased and should be removed from Pierce County voter registration rolls.

Signature:	Date:
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How to return this form:

Mail:
Pierce County Auditor
2501 S 35th St Ste C
Tacoma, WA 98409-9858

Email: pcelections@co.pierce.wa.us

Questions?: 253-798-VOTE (8683)