



Board of Elections

TEL 919 856 6240
FAX 919 856 5864

P.O. Box 695 • Raleigh, NC 27602-0695
www.wakegov.com

Notice of Deceased Voter

Name of Deceased Voter: \_\_\_\_\_
(Print Full Name of DECEASED)

Date of Birth of Deceased Voter: \_\_\_\_\_
(Date of Birth [or approximate] of DECEASED)

Voter Registration Number of Deceased Voter: \_\_\_\_\_
(Leave blank if unknown)

I do hereby state/affirm that he/she passed away on or about \_\_\_\_\_
(Date or Approximate Date)

Please remove my \_\_\_\_\_ from the registration files.
(\*Print Relationship to the Deceased)

Print Your Name and Address (Near relative completing form)
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Near Relative (Required) \_\_\_\_\_

This form must be signed by a \*NEAR RELATIVE.
\*North Carolina law defines near relative as a Spouse, Parent, Sister, Brother, Child, Grandparent, Mother-in-law, Son-in-law, Stepparent, Stepchild, or verifiable Legal Guardian.

Please mail or return this form to:

Wake County Board of Elections
Attn: Voter Registration
PO Box 695
Raleigh, NC 27602