



Request for Cancellation of Voter Registration Due to Death

Please complete the entire form and mail to; Snohomish County Elections
3000 Rockefeller Ave M/S 505
Everett WA 98201

Or email to; elections@snoco.org

Information regarding the Deceased Voter

Please print

Name _____

Street address _____

City _____

Date of birth _____

Certification

I hereby declare, under penalty of perjury, that according to my personal knowledge and belief, the voter written above is deceased and should be removed from the Snohomish County registration rolls:

Signature & Date

Please print

Your name _____

Contact phone number _____

If you have questions concerning the cancellation process, please contact Snohomish County Elections at 425-388-3444 or elections@snoco.org.