Notification of Deceased Voter

BENTON COUNTY WA
Auditor | ELECTIONS

Oath

I hereby declare, under penalty of perjury, that to the best of my personal knowledge and belief, the individual identified below is deceased. I understand Benton County Elections will review and verify this information in accordance with Washington law.

Submission of this form does not automatically cancel a voter registration. Benton County Elections Division must verify the information before any registration action is taken pursuant to RCW 29A.08.

Deceased Voter Information

First Name | Middle Name | Last Name

Registered address | City | Zip

Date of Birth | Registration Number (Optional)

Voter Reporting Death

First Name | Middle Name | Last Name | Relationship to Voter

Registered address | City | Zip

Signature | Date

Return

Please mail completed form to:

Benton County Elections Division
PO Box 1000
Richland WA 99352

Questions?

If you have questions concerning cancellation, please call Benton County Elections Division at (509) 736-3085.

Internal Use Only

Validation Source:	Matching Criteria:
Cancellation date:	Initials:

DAN AU52-03C-34