

Voter Registration Cancellation Report a Deceased Voter Form



1 Oath

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

2 Deceased Voter Information

First Name	Middle Name	Last Name
Benton County Street Address	City	Zip
Date of Birth	Registration Number (Optional)	

3 Voter Reporting Death

First Name	Middle Name	Last Name
Signature	Date	

4 Return

Please mail completed form to:

Benton County Elections
PO Box 1000
Richland WA 99352

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