



NOTIFICATION OF DECEASED VOTER

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

PURPOSE

This form is intended to provide notification of the death of a North Carolina registered voter to a county board of elections. Upon confirmation of the voter, the county board of elections will *remove* the voter from the county's list of registered voters. This form may only be completed by a near relative or personal representative of the deceased voter's estate.

INSTRUCTIONS

Complete this form as thoroughly as possible. Requested information will be used to ensure that we have the correct voter. Sign the form and then submit (*mail, fax, or scan & email*) it to the county board of elections office in the county in which the deceased voter lived prior to death. Contact information for the county boards of elections is available at: www.ncsbe.gov.

Deceased Voter Information								
Last Name			First Name			Middle Name		Suffix
Date of Birth (MM/DD/YYYY)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 Digits of SSN	Driver License or ID No.	Voter Registration Number (if known)			
Voter Registration Address				Last Known Address (If different than voter registration address)				
City	State	Zip	City	State	Zip			
County of Registration	Date of Death (if known)		County of Death (if known)		State of Death (if known)			

Person Providing Deceased Voter Information	
Full Name	Relationship to voter: (Required, please check one)
	North Carolina law defines a "Near Relative" as:
	<input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Stepparent
	<input type="checkbox"/> Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent
	<input type="checkbox"/> Mother or Father in-law <input type="checkbox"/> Daughter or son in-law
	<input type="checkbox"/> Legal guardian <input type="checkbox"/> Representative of Estate
City	State Zip Code
Signature	
X	
Signature (Required)	Date Signed

Thank you for providing this information.

Send form to the voter's county board of elections or to the State Board of Elections.

SEND TO: GASTON COUNTY BOARD OF ELECTIONS
PO BOX 1396, GASTONIA, NC 28053
PHONE (704) 852-6005 FAX (704) 852-6011
GASTON.boe@ncsbe.gov

Administrative Use Only

Attach Registration List Label Here
(If applicable)