

Voter Registration Cancellation

Deceased Voter

Our deepest sympathy. Thank you for your time.

Instructions

Complete this form to request that Mason County Elections cancel the voter registration of a deceased voter.

Per RCW 29A.08.510, any registered voter may sign a statement, subject to the penalties of perjury, to the effect that to his or her personal knowledge or belief another registered voter is deceased.

How to return this form

Option 1: by mail, email, or fax

- Fill out and return this form to the contact information below.

Option 2: in person

- Bring the completed form to the Mason County Elections Department

**Mason County Auditors Office
Elections Department-Vote Center**
PO BOX 400 | 411 N 5th St, Shelton, WA 98584
(entrance at the back of the building)

Phone: (360) 427-9670 ext. 470
Email: elections@masoncountywa.gov
Fax: (360) 427-1753

Office Hours: 9:00am-4:00pm,
Monday through Friday

Deceased Voter Information

First Name Middle Name Last Name

Date of Birth Voter Registration Number (if known)

Registered Address City/Zip

Please provide your information (voter reporting death)

First Name Middle Name Last Name

Date of Birth Relationship to Deceased

Oath

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

signature of voter

date

phone number