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	Last 4 Digits of SSN	Driver License or ID No.	Voter Registration Number (if known)
		☐ Male ☐ Female			

Voter Registration Address			Last Known Address (if different than voter registration address)		
City	State	County	City	State	County

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

Address

City **State** **Zip Code**

Relationship to voter: (Required, please check one)

North Carolina law defines a "Near Relative" as:

☐ spouse ☐ sibling ☐ parent ☐ stepparent
☐ child ☐ stepchild ☐ grandchild ☐ grandparent
☐ mother/father/daughter/or son in-law
☐ Legal guardian
☐ Representative of estate

Signature

X

Signature (Required) **Date Signed**

Thank you for providing this information.

Send Form To:

BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
P: 910-862-6951 F: 910-862-7820
BLADEN.BOE@NCSBE.GOV