



NOTIFICATION OF DECEASED VOTER

North Carolina

Mecklenburg County Board of Elections
 PO Box 31788
 Charlotte, NC 28231
 PHONE: 704-336-2133 FAX: 704-319-9722
 absentee@mecklenburgcountync.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 other 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			APT#	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	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/father/daughter/or son in-law <input type="checkbox"/> Legal guardian <input type="checkbox"/> Representative of estate	
Address		APT#
City		State

Signature

X

Signature **(Required)**

Date Signed

Thank you for providing this information.

Send Form To:

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Attach Registration List Label Here
 (if applicable)