

DECEASED VOTER FORM
Mohave County Registrar

Name of voter to be removed from the voter registration rolls:

(Last) (First) (Middle)

(Birth Place) (Birth Date) (Date Deceased)

(Address) (City) (State) (Zip)

Name of person requesting removal:

(Last) (First) (Middle)

(Address)

(City) (State) (Zip)

(Phone Number) (Email Address)

(Relationship to the deceased)

(Signature) (Date)

Please Note: The information above must be completed in full, signed and dated. Phone calls will not be accepted as they are not verifiable. Please make a copy for District office and mail original completed form to:

Mohave County Registrar
P.O. Box 70
Kingman, AZ 86402