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