



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 was registered prior to death. Contact information for the county boards of elections is located below or 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				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) <i>North Carolina law defines a "Near Relative" as:</i>	
Address		<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	
City	State	Zip Code	
Signature			
X			
Signature (Required)		Date Signed	

Thank you for providing this information.

Send Form To Transylvania County Board of Elections using one of the following methods:

Have questions? Call the office at 828-884-3114

MAIL TO: P. O. BOX 868
BREVARD, NC 28712

EMAIL TO: TRANSYLVANIA.BOE@TCONC.ORG
FAX TO: 828-884-8682

HAND DELIVER TO: ELECTION CENTER
150 S. GASTON ST.
BREVARD, NC 28712

Administrative Use Only

*Attach Registration List Label Here
(If applicable)*