



# 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](http://www.ncsbe.gov).

| Deceased Voter Information |                          |  |                            |   |                                      |  |        |
|----------------------------|--------------------------|--|----------------------------|---|--------------------------------------|--|--------|
| Last Name                  |                          |  | First Name                 |   | Middle Name                          |  | Suffix |
| Date of Birth (MM/DD/YYYY) | Age                      | Gender<br><input type="checkbox"/> Male<br><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: <b>(Required, please check one)</b>   |             |
| Address   |       | <b>North Carolina law defines a "Near Relative" as:</b><br><input type="checkbox"/> spouse <input type="checkbox"/> sibling <input type="checkbox"/> parent <input type="checkbox"/> stepparent<br><input type="checkbox"/> child <input type="checkbox"/> stepchild <input type="checkbox"/> grandchild <input type="checkbox"/> grandparent<br><input type="checkbox"/> mother/father/daughter/or son in-law<br><input type="checkbox"/> Legal guardian<br><input type="checkbox"/> Representative of estate |             |
| City  | State | Zip Code   |             |
| Signature   |       |  |             |
| <br>Signature <b>(Required)</b> |       |  | Date Signed |

**Thank you for providing this information.**

### Send Form To:

CHOWAN COUNTY BOARD OF ELECTIONS  
PO BOX 133  
P: [252]482-4010 F: [252]482-5620  
CHOWAN.BOE@NCSBE.GOV

Attach Registration List Label Here

(If applicable)