



NOTIFICATION OF DECEASED VOTER

North Carolina

BRUNSWICK COUNTY BOARD OF ELECTIONS
PO BOX 2
BOLIVIA, NC 28422

PHONE: 910-253-2620 FAX: 910-253-2618
elections@brunswickcountync.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.

| 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 | Zip | City | State | Zip | | |
| 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 or Father in-law <input type="checkbox"/> 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 the voter's county board of elections or to the State Board of Elections.

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Administrative Use Only

Attach Registration List Label Here
(if applicable)