



Office of the Recorder

Voter Registration



REQUEST CANCELLATION OF DECEASED VOTER

To request cancellation of a deceased voter, you may submit this form or a copy of the deceased voter's death certificate.

1. Information about Deceased Voter

Legal Full Name: _____
(as used to register to vote) First / Middle Name or Initial / Last Name

Complete Residence Address: _____
(as used to register to vote) Number and street (PO Box is not accepted)

City, State and Zip Code

Date of Birth: _____ State of Birth: _____
Month / Day / Year

Date of Death: _____
Month / Day / Year

2. Identifying Information about Deceased Voter (One Entry Required)

Voter Identification Number: _____ Last four digits of Social Security number: _____

Arizona Driver's License Number or ID Number: _____

3. Individual Completing This Form (Reporting Death):

Full Name: _____
First / Middle Name or Initial / Last Name

Relationship to Voter: _____

I hereby declare, under penalty of perjury, that according to my personal knowledge and belief, the voter named in section 1 above is deceased and should be removed from the Maricopa County voter registration file.

Signature (required): _____

Date (required): _____

Return the signed and completed form or a copy of the deceased voter's death certificate

By mail:
Maricopa County Recorder's Office
Voter Registration Department
111 S 3rd Ave Ste 102
Phoenix, AZ 85003

By e-mail:
voterinfo@risc.maricopa.gov

By fax:
602-506-3069

Questions? Call (602) 506-1511

Office Use Only

DATE RECEIVED: _____ DATE CANCELED: _____ CANCELED BY: _____