

Deceased Voter Registration Cancellation Request Form

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

Deceased Voter's Information *(All information required)*

Legal Full Name:

The name of the deceased person was registered with in Maricopa County.

Residential Address:

The address the deceased voter was registered at in Maricopa County.

Number and Street Name (P.O. Box is not accepted)

City

State

Zip Code

Date of Birth:

Month / Day / Year

Date of Death:

Month / Day / Year

Deceased Voter's Identifying Information *(Only one required)*

**Voter Identification
Number**

OR

**AZ Driver's License
or ID Number**

OR

**Last four digits of Social
Security Number**

Read, Sign, and Return

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

Full Name:

**Relationship
to deceased:**

Signature:
Required

Date:

Required

Note: A digital signature or power of attorney is not valid for use by a person in any procedure or transaction concerning elections.



Return by mail:

301 W Jefferson St, Suite 705
Phoenix AZ 85003-2184



Return by email:

VoterInfo@maricopa.gov



Questions?

Call 602-506-1511 or

email VoterInfo@maricopa.gov