DEAN C. LOGAN
Registrar-Recorder/County Clerk

Request Cancellation of a Deceased Voter

To request the cancellation of a deceased voter, complete the following form:

Full Name: _____

Date of Birth: _____

Residence Address: _____

City: _____

Zip Code: _____

Telephone Number: _____

Relationship to Voter: _____
Spouse, child, parent, brother, sister, etc.

Signature: _____

Date: _____

Print and send to our office at the following address:

REGISTRAR-RECORDER/COUNTY CLERK
P.O. BOX 30450
LOS ANGELES, CA 90030-0450

Via Fax: (562) 864-2394

Office Use: VID:_____ Date: _____ Intl: _____