

NOTICE OF DECEASED VOTER

Name of Deceased Voter: _____

(Print Full Name of DECEASED)

Date of Birth of Deceased Voter: _____

(Date of Birth [or approximate] of DECEASED)

Voter Registration Number of Deceased Voter: _____

(Leave blank if unknown)

I do hereby state/affirm that he/she passed away on or about _____

(Date or Approximate Date)

Please remove my _____ from the registration files.

*(*Print Relationship to the Deceased)*

Print **YOUR** Name and Address *(Near relative completing form)* _____

Signature of Near Relative *(Required)* _____

This form must be signed by a *NEAR RELATIVE.

**North Carolina law defines near relative as a Spouse, Parent, Sister, Brother, Child, Grandparent, Grandchild, Mother-in-law, Father-in-law, Daughter-in-law, Son-in-law, Stepparent, Stepchild, or verifiable Legal Guardian.*

Please mail or return this form to:

Carteret County Board of Elections
1702 Live Oak Street, Suite 200
Beaufort, NC 28516