



REQUEST TO CANCEL REGISTRATION OF DECEASED VOTER

GENERAL INSTRUCTIONS

The next of kin of a deceased voter may submit this form to the County Election Board to request the cancellation of the deceased voter's registration. A nursing home administrator is also authorized by 26 O.S. § 4-120.3 to submit this form to the County Election Board.

This form must be signed by the next of kin or other authorized person and the signature must be witnessed by an Election Official, by two witnesses who also sign and provide their addresses, or by a Notary Public.

DECEASED VOTER INFORMATION

Voter Name	Voter Birthdate [][] / [][] / [][][][] M M D D Y Y Y Y	Voter Date of Death [][] / [][] / [][][][] M M D D Y Y Y Y	
Voter Registration Address	City	State	ZIP Code

OATH

I am the next of kin of the voter named on this form or a person authorized by 26 O.S. § 4-120.3 to submit this request. I swear or affirm that the voter so named is deceased. I believe the voter was registered to vote in _____ County, Oklahoma, at the address indicated on this form. I request that the deceased voter's name be removed from the registration records.

Next of Kin / Authorized Person (Print Name)

Relationship to Deceased Voter or Title

Next of Kin / Authorized Person (Signature)

Date

WITNESS ATTESTATION OR NOTARIZATION – CHOOSE ONLY ONE METHOD BELOW AND COMPLETE:

☐ ELECTION OFFICIAL WITNESS

Printed name of Secretary, Authorized CEB staff, or Precinct Inspector

Signature of Secretary, Authorized CEB staff, or Precinct Inspector

Date

☐ TWO WITNESSES

FIRST WITNESS

SECOND WITNESS

Printed Name

Printed Name

Signature

Date

Signature

Date

Street Address/City/State/ZIP Code

Street Address/City/State/ZIP Code

☐ NOTARY PUBLIC WITNESS

State of Oklahoma, County of: _____

Signed and sworn to (or affirmed) before me on _____ by _____
(Date) Name of Next of Kin / Authorized Person

SEAL

Signature of Notarial Officer

Title (and Rank)

My Commission Expires

My Commission #