



**PURPOSE:** This form is intended to provide notification of the death of a Commonwealth of Virginia registered voter. Upon review by the general registrar of the locality in which the voter is registered in, the general registrar will **cancel** the voter's registration. This form may only be completed by a specified relative, a personal representative of the deceased voter's estate, or a general registrar or deputy registrar who personally knows the voter to be deceased.

### INSTRUCTIONS

Complete this form as thoroughly as possible. Sign the form and then submit it to the general registrar's office of the locality in which the deceased voter was registered prior to death. The form may be submitted in person, mailed, or faxed. Contact information for local general registrar's offices can be found on ELECT's website here: [Voter Registration Office Lookup](#)

<b>Deceased Voter Information</b>				
Last Name (Please print)	First Name	Middle Name	Suffix	
Date of Birth <small>(MM/DD/YYYY)</small>	Date of Death <small>(MM/DD/YYYY)</small>	Gender	Last 4 of SSN (if known)	Voter Registration # (if known)
Voter Registration Address				
Number and Street name		City	State	Zip Code

<b>Person Providing Information</b>			
Last Name (Please print)	First Name	Middle Name	Suffix
Residential Address		<b>Relationship to voter:</b> <b>(Required, please check one)</b> <ul style="list-style-type: none"> <li>Spouse <input type="checkbox"/></li> <li>Parent <input type="checkbox"/></li> <li>Child <input type="checkbox"/></li> <li>Grandparent <input type="checkbox"/></li> <li>Great-Grandparent <input type="checkbox"/></li> <li>Grandchild <input type="checkbox"/></li> <li>Great-Grandchild <input type="checkbox"/></li> <li>Sibling <input type="checkbox"/></li> <li>Legal Guardian <input type="checkbox"/></li> <li>Representative of Estate <input type="checkbox"/></li> <li>General Registrar or Deputy Registrar <input type="checkbox"/></li> </ul>	
Number and Street Name			
City	State		
Signature			
<b>X</b> _____ Signature (Required)			_____ Date Signed

**WARNING:** Intentionally making a materially false statement on this form constitutes the crime of election fraud, punishable under Virginia law as a felony. Violators may be sentenced to up to 10 years in prison, or up to 12 months in jail and/or fined up to \$2,500.

*This form must be retained for four (4) years after cancellation in compliance with the LVA [GS-01](#) records retention schedule*