

Notice of Death of a Registered Voter

R.C. 3503.21(A)(3)

To the _____ County Board of Elections:

Name of Deceased Elector: _____

Address of Deceased Elector: _____

Date of Birth (MM/DD/YYYY) _____ Date of Death (MM/DD/YYYY) _____

Please provide the following if known:

Last Four Digits of Social Security Number: _____

Ohio Driver License or State Identification Card Number: _____
(Two letters followed by six numbers)

A certified copy of the deceased elector's death certificate must be attached to this form in order for the board of elections to cancel the deceased elector's voter registration.

I, _____, am the spouse, parent, or child of the deceased elector, administrator of the deceased elector's estate, or the executor of the deceased elector's will; I have attached a certified copy of the deceased elector's death certificate and certify that all of the information contained herein is accurate to the best of my knowledge and belief.

Signature

Address

City/State/Zip

Telephone Number with Area Code