



**Adrian Fontes**  
Maricopa County Recorder

## Request Cancellation of Deceased Voter

To request cancellation of a deceased voter, you may submit this form or a copy of the deceased voter's death certificate.

### 1. Information about Deceased Voter

Legal Full Name: \_\_\_\_\_  
(as used to register to vote) First / Middle Name or Initial / Last Name

Complete Residence Address: \_\_\_\_\_  
(as used to register to vote) Number and street (PO Box is not accepted)  
\_\_\_\_\_  
City, State and Zip Code

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Month / Day / Year

### 2. Optional Identifying Information about Deceased Voter (One Entry Required)

Voter Identification Number: \_\_\_\_\_ Last four digits of Social Security number: \_\_\_\_\_

Arizona Driver's License Number or ID Number: \_\_\_\_\_

### 3. Individual Completing This Form (Reporting Death):

Full Name: \_\_\_\_\_  
First / Middle Name or Initial / Last Name

Relationship to Voter: \_\_\_\_\_

I hereby declare, under penalty of perjury, that according to my personal knowledge and belief, the voter named in section 1 above is deceased and should be removed from the Maricopa County voter registration file.

Signature (required): \_\_\_\_\_

Date (required): \_\_\_\_\_

Return the signed and completed form, or a copy of the deceased voter's death certificate

By mail:  
Maricopa County Recorder's Office  
Voter Registration Department  
111 S 3rd Ave Ste 102  
Phoenix, AZ 85003  
Questions? Call (602) 506-1511

By e-mail:  
Voterreg@risc.maricopa.gov  
By fax:  
602-506-3069



### Office Use Only

DATE RECEIVED: \_\_\_\_\_ DATE CANCELED: \_\_\_\_\_ CANCELED BY: \_\_\_\_\_