

Voter Registration Cancellation

Deceased Voter

Instructions

Complete this form to request that Cowlitz County Elections cancel the voter registration of a deceased voter.

Per RCW 29A.08.510, any registered voter may sign a statement, subject to the penalties of perjury, to the effect that to his or her personal knowledge or belief another registered voter is deceased.

Complete this form in blue or black ink.

How to return this form

option 1: by mail, email, or fax

- Fill out and return this form to the contact information below.

option 2: in person

- Bring the completed form to the Cowlitz County Elections Office.

For more information

Cowlitz County Elections
207 4th Ave N, Room 107
Kelso WA 98626-4124
phone: (360) 577-3005
fax: (360) 442-7879
email: elections@cowlitzwa.gov

Office Hours: 7:00 a.m. - 5:00 p.m.,
Monday through Thursday

Deceased Voter Information

First Name Middle Name Last Name

Date of Birth Voter Registration Number (if known)

Registered Address City/Zip

Please provide your information (voter reporting death)

First Name Middle Name Last Name

Date of Birth Relationship to Deceased

Oath

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

signature of voter

date phone number