



# ARAPAHOE COUNTY

## Cancelation of Registration of Deceased Family Member

### Instructions:

- Complete all Required information
- Please PRINT CLEARLY using blue or black ink
- Sign and return this completed form to:  
Arapahoe County Clerk and Recorder  
Attn: Election Division  
5334 S Prince St  
Littleton, CO 80120
- Your family member's voter registration will be canceled after this form is processed by the Election Division.

For Clerk and Recorder/Election Division Use only

### DECEASED VOTER'S INFORMATION: Required fields MUST be completed.

Last Name (Required)		First Name (Required)		Middle Name	Suffix
Residential Address (Required— No P.O. Boxes)			Apt/Unit #	City/Town (Required)	Zip Code
Date of Birth MM / DD / YYYY	Date of Death MM / DD / YYYY	Last four digits of Social Security Number (if known) X X X - X X - _ _ _ _			

### RELATIONSHIP TO DECEASED

Relation to Deceased (I am their:)	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
	<input type="checkbox"/> Child	<input type="checkbox"/> Cousin	<input type="checkbox"/> Other _____

Last Name (Required)		First Name (Required)		Middle Name	Suffix
Residential Address (Required— No P.O. Boxes)			Apt/Unit #	City/Town (Required)	Zip Code

Signature or Mark  
(Required)



By my signature, I affirm that the voter (named above) is deceased and should be canceled from the voter registration records of Arapahoe County.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date