

Allegheny County Elections Division
609 County Office Building
Pittsburgh, PA 15219
(412) 350-4510

Cancellation of Voter Registration Record Due to Death of Voter

Please cancel the Voter Registration of _____,
(Name of Voter)

who previously resided at _____,
(Street Name and Number)

_____, PA _____.
(Post Office) (Zip Code)

Decedent's Date of Birth: _____ and Social Security No. X X X - X X - ____ - ____ - ____
(Month/Day/Year)

Decedent's Date of Death: _____
(Month/Day/Year)

I hereby certify that the above information is true and correct to the best of my knowledge under penalty of perjury.

(Signature)

(Printed Name)

(Date of Signing)

(Street Name and Number)

(Telephone No. During Day)

(Post Office and Zip Code)

(Relationship to Decedent)

This form may ONLY be completed by an immediate family member or the executor of the deceased person's estate. If completed by a family member or executor at the polling place on election day, please return the form(s) in the poll book binder.