



DECEASED VOTER FORM FOR VOTER REGISTERED IN WASHOE COUNTY

PLEASE PROVIDE THE DECEASED VOTERS INFORMATION

LAST NAME			FIRST NAME			MIDDLE											
RESIDENCE ADDRESS						CITY			ZIP								
MM			DD			YYYY			MM			DD			YYYY		
DATE OF BIRTH (IF KNOWN)						DATE OF DEATH											

WE NEED YOUR INFORMATION TO PROCESS THIS FORM

LAST NAME			FIRST NAME			MIDDLE		
RELATIONSHIP TO DECEASED (Spouse, Cousin, Friend, Neighbor, Etc.)								

SIGNATURE (REQUIRED)			TODAYS DATE		
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FAX: (775) 328-3747



MAIL: (Registrar of Voters) 1001 E 9TH ST. RENO, NV 89512



DELIVER: (Registrar of Voters) 1001 E 9TH ST. (Bldg. A) RENO, NV 89512



SCAN & E-MAIL TO: electionsdepartment@washoecounty.us