

REQUEST TO CANCEL REGISTRATION OF DECEASED VOTER

I, the undersigned, do hereby swear or affirm that I am the next of kin of the person named below. I further swear or affirm that said person is deceased. I further swear or affirm that I believe the deceased person was registered to vote in _____ County, Oklahoma, at the address indicated below. The name of said voter may be removed from the voter registration records of the county.

Deceased Voter's Name: _____

Deceased Voter's Address: _____

Deceased Voter's Birthdate: _____

Date of Death: _____

signature of next of kin

date

This form either must be witnessed by two persons or notarized as indicated below.

WITNESS ATTESTATION (If not notarized below)

This form was signed in our presence on _____ by _____.
(date) (printed name of next of kin)

FIRST WITNESS:

SECOND WITNESS:

(printed name)

(printed name)

(signature)

(signature)

(street address)

(street address)

(city, state, ZIP)

(city, state, ZIP)

NOTARIZATION (If not witnessed above)

State of Oklahoma

County of _____

Signed and attested before me on _____ by _____.
(date) (name)

_____, Notary Public

My commission expires: _____

My commission number: _____