

**NOTICE OF DECEASED VOTER**

REGARDING:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

AFFIDAVIT NUMBER: \_\_\_\_\_

(To be completed by polling place clerk.)

THE VOTER LISTED ABOVE SHOULD BE REMOVED FROM THE VOTER RECORDS, DUE TO THEIR DEATH.

PLEASE RETURN THIS LETTER TO THE POLLING PLACE CLERK OR MAIL TO:

**Mariposa County Elections  
P.O. Box 247  
Mariposa, CA 95338**

Signature \_\_\_\_\_

Printed name of family member \_\_\_\_\_

Relationship to deceased \_\_\_\_\_  
(May only be "immediate" family member.)

Address of Family Member \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Date Executed by Family Member \_\_\_\_\_