

REPORT OF DEATH OF REGISTERED VOTER		Pct.	
Deceased Voter's Name <i>(print):</i>			
Last 4 digits of Social Security Number <i>(if known):</i>			
Date of Birth			
Residence Address of Deceased:			
Name of Person Providing Information <i>(print):</i>	Number and Street Name		Zip Code
Signature of Person Providing Information:			
Relationship To Deceased:			
Signature of Election Officer:	Date:		

WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON AND FINED UP TO \$2,500.