



OFFICE OF
**ASSESSOR-COUNTY CLERK-
RECORDER & ELECTIONS**
COUNTY OF SAN MATEO

MARK CHURCH
CHIEF ELECTIONS OFFICER &
ASSESSOR-COUNTY CLERK-RECORDER

Dear Family Member or Executor:

I am writing because the Registration & Elections Division has been advised that the voter named below is deceased. We ask your assistance to help verify whether this is true.

To protect the rights of voters, we do not cancel a voter's registration unless we receive written confirmation. Kindly provide the information requested below and return this letter in the enclosed prepaid envelope. Please don't hesitate to contact us at registrar@smcacre.org or 650.312.5222. Thank you for your time and attention.

Sincerely,

Mark Church

Voter Information	
Voter's Name: _____	
Date of Birth: _____	

The above-named voter is deceased. Please remove his/her name from your voter registration records.

Date of Death: _____

Name of person completing this form: _____

Relationship to voter: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Voter ID: _____

Deceased letter

40 Tower Road, San Mateo, CA 94402

P 650.312.5222 F 650.312.5348 email registrar@smcacre.org web www.smcacre.org