



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.gov 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: \_\_\_\_\_

<b>FOR OFFICIAL USE ONLY</b>
Voter ID: _____

Deceased letter