



## LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

DEAN C. LOGAN  
Registrar-Recorder/County Clerk

### Request Cancellation of a Deceased Voter Application

To request the cancellation of a deceased voter, please complete the following form:

#### Deceased Voter Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

#### Requestor's Information

Full Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship to Voter: \_\_\_\_\_  
(Spouse, child, parent, sibling, etc.)  
  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Once completed, use one of the options below to return the form to the Registrar-Recorder/County Clerk.

**Return by Mail:**  
Registrar-Recorder/County Clerk  
P.O. Box 30450  
Los Angeles, CA 90030-0450

**Return by Fax:**  
(562) 864-6786

**Return by Email:**  
voterinfo@rrcc.lacounty.gov

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Office Use: VID: \_\_\_\_\_ Date: \_\_\_\_\_ Intl: \_\_\_\_\_