



NOTIFICATION OF DECEASED VOTER

Department of Registration and Elections
130 Peachtree Street, SW, Suite # 2186, Atlanta, GA 30303
(404) 612-7020
elections.voterregistration@fultoncountyga.gov

Deceased Voter Information

Last Name:

First Name:

Middle Name:

Suffix:

Date of Birth:

Gender:

Last 4 digits of SSN:

GA. Driver's License or ID Number:

Address As Registered:

Last Known Address:

Date of Death:

State of Death:

Person Providing Deceased Voter Information:

Full Name:

Relationship to Voter:

Address:

Spouse

City:

Sibling

State:

Zip Code:

Child

Supporting Documentation:

Parent

Death Certificate

Grandchild

Obituary

In-Law of any of the above

Other:

Legal Guardian

Representative of the Estate

Signature:

Date: