



# THE COUNTY OF CHESTER



## DECEASED FAMILY MEMBER

To remove a deceased family member from the voter rolls, please complete this form and return it with a copy of the death certificate, short certificate, or newspaper obituary to:

Chester County Voter Services  
601 Westtown Road, Suite 150  
P.O. Box 2747  
West Chester, PA 19380-0990

### REQUESTER INFORMATION

YOUR NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

### DECEASED FAMILY MEMBER INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_

*Certificates and obituaries will be returned if requested below.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>OFFICE USE ONLY</b> Staff Member _____
DATE AND TIME STAMP