



Deceased Removal Request

To: Supervisor of Elections, Lori Edwards
P.O. Box 1460
Bartow, FL 33831

Dear Ms. Edwards;

Please remove the following deceased voter from the Florida Voter Registration System:

Voter ID Number: _____

Full Name: _____

Date of birth: _____ Date of death: _____

Address: _____

Requested by:

Full Name: _____

Street Address: _____

My relationship to the deceased is: _____

Signature of the requestor: _____

Date signed: _____