

<b>REPORT OF DEATH OF REGISTERED VOTER</b>		<b>Pct.</b>	
<b>Deceased Voter's Name</b> <i>(print):</i>			
<b>Last 4 digits of Social Security Number</b> <i>(if known):</i>			
<b>Date of Birth</b>			
<b>Residence Address of Deceased:</b>			
<b>Name of Person Providing Information</b> <i>(print):</i>	<b>Number and Street Name</b>		<b>Zip Code</b>
<b>Signature of Person Providing Information:</b>			
<b>Relationship To Deceased:</b>			
<b>Signature of Election Officer:</b>	<b>Date:</b>		

**WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, WHICH IS PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON AND FINED UP TO \$2,500.**