

**KANSAS CITY BOARD OF ELECTION COMMISSIONERS**

**VERIFICATION OF DECEASED PERSON**

**(PLEASE LEAVE WITH SUPPLIES AT POLLS)**

I, THE UNDERSIGNED, DO HEREBY VERIFY THE FACT THAT THE FOLLOWING REGISTERED VOTER IS DECEASED AS OF \_\_\_\_\_ AND THAT THE FOLLOWING INFORMATION IS CORRECT:

**(PLEASE PRINT)**

**NAME OF DECEASED:** \_\_\_\_\_

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **LAST 4 DIGITS OF SS#:** \_\_\_\_\_

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (IF KNOWN)

**MY RELATIONSHIP TO DECEASED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

DATE

**PHONE NUMBER:** \_\_\_\_\_