

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 VOTER REGISTRATION, 28 EAST MARKET ST, YORK, PA 17401. CERTIFICATES AND OBITUARIES WILL BE RETURNED IF REQUESTED.

YOUR NAME: _____
RELATIONSHIP: _____

DECEASED FAMILY MEMBERS INFORMATION

NAME: _____
ADDRESS: _____
DATE OF BIRTH: _____

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