



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

WARNING: INTENTIONALLY MAKING A MATERIALLY FALSE STATEMENT ON THIS FORM CONSTITUTES THE CRIME OF ELECTION FRAUD, PUNISHABLE UNDER VIRGINIA LAW AS A FELONY. VIOLATORS MAY BE SENTENCED TO UP TO 10 YEARS IN PRISON, OR UP TO 12 MONTHS IN JAIL AND/OR FINED UP TO \$2,500.

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