



CAROLEE C. SUNDERLAND  
Commissioner  
Fax 914-995-3190  
STEVEN J. LEVY  
Deputy Commissioner

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REGINALD A. LAFAYETTE  
Commissioner  
Fax 914-995-7753  
JEANNIE L. PALAZOLA  
Deputy Commissioner

Dear MR. /MS.

Recently, it has been brought to our attention that a member of your family passed away and should be removed from our voter records.

While we realize that this is a difficult time for you, but we must ask that you complete the missing information about your loved one and sign the form, so we can update our record.

Deceased (Name) \_\_\_\_\_

Who Resided At (Address) \_\_\_\_\_  
\_\_\_\_\_

Birth Date of the Deceased WAS \_\_\_\_\_

Passed away on (Date) \_\_\_\_\_

I, the undersigned, hereby certify that the above information is true and correct and understand that this form will be accepted for all purposes as the equivalent of an affidavit, and it contains wrong information, shall subject me to the same penalties as if I had been duly sworn. If you have any questions, or if you are receiving this notice in error, please contact our office at (914) 995-5700.

Again, please accept our condolences for your loss.

Signature of Relative: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Date: \_\_\_\_\_