



City and County of San Francisco
Department of Elections

John Arntz, Director

Cancel Voter Registration for a Deceased Voter

To cancel the voter registration of a deceased person, complete and return this form to the Department of Elections.

Information about deceased voter:

Full name _____ Date of birth _____

Home address _____ ZIP code _____

Information about person notifying the Department of Elections:

Full name _____ Relationship to deceased voter _____

Signature: _____ Date: _____

The Department of Elections appreciates your contacting us to update this record. We are sorry for your loss.

Please sign and return this form:

Email: sfvote@sfgov.org (include subject line: Cancellation of Deceased Voter)

Fax: (415) 554-4372

Mail: Department of Elections, Voter Services, 1 Dr. Carlton B. Goodlett Place, City Hall, Room 48, San Francisco, CA 94102

取消已故選民的選民登記

若要取消一位已故選民的選民登記，填寫並提交以下表格。

已故選民資料：

全名 _____ 出生日期 _____

住址 _____ 郵政編碼 _____

通知選務處人士的資料：

全名 _____ 與已故選民的關係 _____

簽名： _____ 日期： _____

我們感謝你向選務處更新這記錄。我們為您的失去感到惋惜。

請簽署並寄回此表格：

電郵： sfvote@sfgov.org (包括主題：已故選民的選民登記取消/ Cancellation of Deceased Voter)

傳真： (415) 554-4372

郵寄： Department of Elections, Voter Services, 1 Dr. Carlton B. Goodlett Place,
City Hall, Room 48, San Francisco, CA 94102

Cancelar la inscripción electoral de un elector fallecido

Para cancelar la inscripción electoral de alguien que ha fallecido, complete este formulario y devuélvalo al Departamento de Elecciones.

Información sobre el elector fallecido:

Nombre completo _____ Fecha de nacimiento _____

Dirección residencial _____ Código postal _____

Información sobre la persona que hace la notificación al Departamento de Elecciones:

Nombre completo _____ Parentesco con el elector fallecido _____

Firma: _____ Fecha: _____

El Departamento de Elecciones agradece que se haya comunicado con nosotros para actualizar nuestros registros de inscripciones electorales. Nuestro más sentido pésame.

Por favor firme y devuelva este formulario:

Correo electrónico *sfvote@sfgov.org* (como asunto escriba 'Cancelación de elector fallecido/Cancellation of Deceased Voter')

Fax: (415) 554-4372

Correo: Department of Elections, Voter Services, 1 Dr. Carlton B. Goodlett Place, City Hall, Room 48,
San Francisco, CA 94102

Pagkansela ng Rehistrasyon ng Botante na Pumanaw na

Para kanselahin ang rehistrasyon ng botante na pumanaw na, kumpletuhin itong form at ibalik sa Department of Elections.

Impormasyon tungkol sa botante na pumanaw na:

Buong Pangalan _____ Petsa ng Kapanganakan _____

Address ng Tirahan _____ ZIP code _____

Impormasyon tungkol sa taong nagbigay-alam sa Department of Elections:

Buong Pangalan _____ Relasyon sa botanteng pumanaw _____

Pirma: _____ Petsa: _____

Nagpapasalamat ang Department of Elections sa inyong pakikipag-ugnayan sa amin para i-update ang rekord na ito. Nakikiramay kami sa inyo.

Mangyaring pirmahan at ibalik itong form:

Sa pamamagitan ng email : *sfvote@sfgov.org* (isulat sa subject line: Pagkansela ng Rehistrasyon ng Botante na Pumanaw na/
Cancellation of Deceased Voter)

Sa pamamagitan ng fax: (415) 554-4372

Sa pamamagitan ng Koreo: Department of Elections, Voter Services Division, 1 Dr. Carlton B. Goodlett Place, City Hall, Room 48,
San Francisco, CA 94102