

# MONTEREY COUNTY ELECTIONS

1441 Schilling Place-North Building  
Salinas, CA 93901

PO Box 4400  
Salinas, CA 93912

831-796-1499 Phone  
831-755-5485 Fax

[www.MontereyCountyElections.us](http://www.MontereyCountyElections.us)

[elections@co.monterey.ca.us](mailto:elections@co.monterey.ca.us)

**Claudio Valenzuela**  
Registrar of Voters

**Gina Martinez**  
Assistant Registrar of Voters



## NOTIFICATION OF DECEASED VOTER

Name: \_\_\_\_\_

Address As Registered: \_\_\_\_\_

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

Birth Place: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

### **Election Code Section 2201**

**I hereby affirm that the Voter named above is deceased:**

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

Name: \_\_\_\_\_

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

**(Immediate family member only)**

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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## NOTIFICACIÓN DE VOTANTE FALLECIDO

Nombre: \_\_\_\_\_

Dirección inscrita: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Lugar de nacimiento: \_\_\_\_\_

Fecha de fallecimiento: \_\_\_\_\_

Lugar de fallecimiento: \_\_\_\_\_

### **Artículo 2201 del Código de Elecciones**

**Mediante la presente afirmo que el votante antedicho ha fallecido:**

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre: \_\_\_\_\_

Parentesco con el difunto: \_\_\_\_\_  
(Sólo familiar **directo**)

Dirección: \_\_\_\_\_

Número telefónico: \_\_\_\_\_