

VERIFICATION OF DECEASED PERSON

I, the undersigned, do hereby verify the fact that the following registered voter is deceased as of

_____ and that the following information is correct:

Name of deceased _____

Address _____

Date of Birth _____

My relationship to deceased _____

Signature _____ Date _____

**Jackson County Board of Election Commissioners
P.O. Box 296, Independence, Missouri 64051 - 816-325-4600**