

Cherokee Nation Election Commission

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CANCELLATION OF REGISTRATION OF DECEASED VOTER

Instructions: This form is to be used only by the Next of Kin of a registered voter in your precinct who is deceased. It must be signed by both the Precinct Official and the next of kin. All information other than the signature should be printed on the form.

I, the undersigned, do hereby swear or affirm that I am the Next of Kin of:

Name of Deceased Voter

Birthdate of Deceased Voter

Date of Death

Blue Card/ Registry Number of Deceased Voter

Address of Deceased Voter

City

State

Zip code

Who is shown to be a qualified voter in **District** _____, and **Precinct** _____.

I further swear or affirm that the voter listed above is deceased and may be removed from the voter registration records in their precinct.

Signature of Next of Kin

Date

Phone Number

Signature of Precinct Official

Date

Tribal Registration approval: _____ Date _____

Registration Employee signature: _____