

**Affidavit of Fact as to Death
Voter Registration Cancellation**

Decedent Name _____

Date of Death ____/____/____

Date of Birth ____/____/____

Social Security Number _____ - _____ - _____

Affiant Name _____ Phone Number _____

Affiant, who being first duly sworn, confirms the that above-mentioned information is true and also understands that this affidavit is being used to remove a deceased voter from the San Juan County list of eligible voters.

Date _____ Affiant _____

State of New Mexico)
) ss.
County of San Juan)

Sworn to and subscribed before me on this _____ day of _____, 20____
by _____ (Affiant).

Notary Public _____ Commission Expires _____