

BOARD OF ELECTIONS
COUNTY OF PUTNAM

25 Old Route 6 ~ Carmel, New York 10512
(845) 808-1300 Fax (845) 808-1920

www.putnamboe.com

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ANTHONY G. SCANNAPIECO, Jr. PhD
President

Commissioner
CATHERINE P. CROFT
Secretary



DECEASED NOTIFICATION FORM

Deceased (Name): _____

Resided At (Address): _____

Birth Date of the Deceased: ____/____/____

Passed Away on (Date): ____/____/____

I, the undersigned, hereby certify that the above information is true and correct and understand that this form will be accepted for all purposes as the equivalent of an affidavit, and if it contains wrong information, shall subject me to the same penalties as if I had been duly sworn.

Again, please accept our condolences for your loss.

Signature of Relative: _____

Relationship to the Deceased: _____

Date: ____/____/____

*****UPON COMPLETION PLEASE MAIL FORM BACK TO OUR OFFICE*****