

Notice of Deceased Form

Remove from Faulkner County Voter Registration

QUESTIONS???? Phone 501-450-4909

Please Print the Following Information:

Name of Deceased: _____

Address of Deceased: _____
(Street Address)

(City/State/Zip)

Date of Death: _____ Place of Death: _____
(State)

Date of Birth: _____

Information Provided by: _____

Contact Phone Number if more information is needed: _____

Address:
(Person providing info.) _____
(Street Address)

(City/State/Zip)

Signature of Person Providing Information

Date

Mail form to:
Melinda Reynolds
Faulkner County Clerk
ATTN: Voter Registration Department
801 Locust Street
Conway, AR 72034