

ABSTRACT OF DEATH CERTIFICATE

I, the undersigned, being the Registrar of Deaths for _____ County, do hereby certify that the following person was of legal voting age and a resident of this State at the time of his/her death.

Name of decedent _____

Address _____
(Place of residence)

Date of birth _____ Sex _____ Date of death _____ Place of death _____

Supplemental identification:

Seal

Signature of Registrar of Deaths

Date

Not later than the 10th day of each month, each local registrar of deaths in this State shall furnish to the registrar of voters of the county of residence of the decedent an abstract of the death certificate of each decedent over the minimum voting age who was a resident of this State at the time of his/her death.