

Alabama	Alaska	Arkansas	Arizona
California	Colorado	Connecticut	Delaware
District of Columbia	Florida	Georgia	Hawaii
Idaho	Illinois	Indiana	Iowa
Kansas	Kentucky	Louisiana	Maine
Maryland	Massachusetts	Michigan	Minnesota
Mississippi	Missouri	Montana	Nebraska
Nevada	New Hampshire	New Jersey	New Mexico
New York	North Carolina	North Dakota	Ohio
Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas
Utah	Vermont	Virginia	Washington
West Virginia	Wisconsin	Wyoming	

Option 1: There is no requirement to send in the driver license of the deceased.

Date: _____

Alabama Department of Public Safety
Driver License Division
P.O. Box 1471
Montgomery, Alabama 36102

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Fax 303-205-8301

Colorado Department of Revenue
Division of Motor Vehicles
Driver Services Section
Denver, Colorado 80261-0016

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Motor Vehicle Division
P.O. Box 90120
Washington, DC 20090

Attn: Back Office

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Obituary

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Proof of Death

Date: _____

Bureau of Records
2900 Apalachee Parkway, Room B231, MS 91
Tallahassee, Florida 32399-0575

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Department of Driver Services
P.O. Box 80447
Conyers, Georgia 30013

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Hawaiian Motor Vehicles and Licensing Division
Driver License Section
P.O. Box 30340
Honolulu, Hawaii 96820-0340

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Secretary of State
Driver Services Department
2701 S. Dirksen Parkway
Springfield, Illinois 62723

Attn: Central Services

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Bureau of Motor Services
Room 405
Indiana Government Center North
100 North Senate Avenue
Indianapolis, Indiana 46204

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Department of Transportation

800 Lincoln Way
Ames, Iowa 50010

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Driver License Bureau
P.O. Box 2188
Topeka, Kansas 66601-2188

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Kentucky Division of Driver Licensing
Transportation Cabinet Office Building
200 Mero Street
Frankfort, Kentucky 40622

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Office of Motor Vehicles
P.O. Box 64866
Baton Rouge, Louisiana 70896

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Bureau of Motor Vehicles
29 State House Station
Augusta, Maine 0433-0029

Attn: License Services

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Date: _____

Registry of Motor Vehicles
Medical Affairs
P.O. Box 55889
Boston, Massachusetts 02205-5889

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Department of Public Safety
Driver Records Branch
1900 East Woodrow Wilson
Jackson, Mississippi 39216

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Department of Revenue
301 West High Street, Room 470
Jefferson City, Missouri 65105-0200

Attn: License Issuance

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Driver Services
P.O. Box 1028
Santa Fe, New Mexico 87504

Attn: Lillian Perera

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Driver Assistance Branch
North Carolina Division of Motor Vehicles
3118 Mail Service Center
Raleigh, North Carolina 27699-3118

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Ohio Bureau of Motor Vehicles
Verification Unit
P.O. Box 16784
Columbus, Ohio 43216-6784

Attn: License Support

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Letter from the coroner's office

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Proof of Death

Date: _____

Department of Motor Vehicles
1905 Lana Avenue NE
Salem, Oregon 97314

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

- Photocopy of death certificate
- Obituary submitted with decedent's driver license
- Funeral Service Memorial Card

I am also attaching a copy of the decedent's driver license.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Driver License, Proof of Death

Date: _____

Pennsylvania Department of Transportation
Bureau of Driver Licensing
P.O. Box 68615
Harrisburg, Pennsylvania 17106-8615

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

- Photocopy of death certificate
- Obituary
- Funeral service memorial card

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Proof of Death

Date: _____

South Carolina Department of Motor Vehicles
Driver Records
P.O. Box 1498
Blythewood, South Carolina 29016

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Texas Department of Public Safety
P.O. Box 4087
Austin, Texas 78773

Attn: Record Evaluation Department

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Department of Motor Vehicles
P.O. Box 144501
Salt Lake City, Utah 84114-4501

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Death Certificate

Date: _____

Fax 360-670-1237

Department of Licensing
Driver Records/Record Requests
P.O. Box 9030
Olympia, Washington 98507-9030

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Obituary

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Proof of Death

Date: _____

Department of Motor Vehicles
1800 Kanawha Blvd. East, Bldg. 3
Charleston, West Virginia 25317

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Proof of Death

Option 2: This letter can be sent when the DMV requests that the original deceased's driver license be returned, not a copy.

Date: _____

Driving Records
Room 1130
P.O. Box 1272
Little Rock, Arkansas 72203

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Driver License, Death Certificate

Date: _____

Driver License Issuance Department
P.O. Box 942890
Sacramento, California 94290-0001

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License as well as a completed copy of Form DL 142
(Request for surrender or cancellation of a driver license)

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Photocopy of Death Certificate, Driver License, Form DL 142

Date: _____

Department of Motor Vehicles
60 State Street
Wethersfield, Connecticut 06161

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Obituary

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, Proof of death

Date: _____

Division of Motor Vehicles
P.O. Box 698
Dover, Delaware 19903

Attn: Driver License Administration

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, Proof of death

Date: _____

Motor Vehicle Administration
Adjudication Division
6601 Ritchie Highway
Glen Burnie, Maryland 21062

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, Proof of death

Date: _____

Driver and Vehicle Services
445 Minnesota Street, Suite 180
St. Paul, Minnesota 55101

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Obituary

Funeral service memorial card

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, Proof of death

Date: _____

Nebraska Department of Motor Vehicles
P.O. Box 94789
Lincoln, Nebraska 68509-4789

Attn: Jackie Boldan

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, Proof of death

Date: _____

Motor Vehicle Commission
P.O. Box 134
Trenton, New Jersey 08666

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, death certificate

Date: _____

License Production
New York State Department of Motor Vehicles
P.O. Box 2688 ESP
Albany, New York 12220-0688

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Driver License, death certificate

Date: _____

Department of Motor Vehicles
100 Main Street
Pawtucket, Rhode Island 02860

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is a copy of the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely

Name: _____

Address: _____

Relationship to the deceased: _____

Attachments: Photocopy of Death Certificate; Driver License

Date: _____

Department of Motor Vehicles
120 State Street
Montpelier, Vermont 05603

Attn: Quality Control

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Driver License, Death Certificate

Date: _____

Department of Motor Vehicles
Driver Licensing Division
P.O. Box 27412
Richmond, Virginia 23269

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Driver License, Death Certificate

Date: _____

Driver License Issuance Department
Department of Motor Vehicles

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is a copy of the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Driver License

Option 3: This letter can be sent when the DMV requires a photocopy of the deceased's driver license.

Date: _____

New Hampshire Department of Safety
Department of Motor Vehicle Department – Licensing
23 Hazen Drive
Concord, New Hampshire 03305

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

I have enclosed the following as proof of the death:

Photocopy of death certificate

Also enclosed is a photocopy of the decedent's Driver License.

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Attachment: Driver License, Death Certificate

Option 4: Send an email

Currently, the State of Tennessee is the only state that will accept email as proof of death.

To: finresp.safety@state.tn.us

The purpose of this letter is to ask you to immediately cancel the Driver License of:

Name of the deceased: _____

The date of death was: _____

The Driver License number is: _____

The decedent was born on: _____

Thank you for your prompt attention to this matter.

Sincerely,

Name: _____

Address: _____

Relationship to the deceased: _____

Option 5 – no action required

Alaska	No action required. DMV notified by state department issuing death certificates.
Arizona	No action required. Driver License record updated by Health Department report.
Idaho	No action required. Idaho Vital Records Department notifies Transportation Department approximately two months after the death certificate is available. For faster notification, you will need to send a letter and copy of the death certificate.
Michigan	Take photocopy of death certificate and decedent's license to local Secretary of State office.
Montana	No action required. Public Health and Human Services – Vital Statistics Bureau matches death records with Department of Motor Vehicles records.
Nevada	No action required. Department of Vital Statistics reports death to Department of Motor Vehicles a few weeks after the death. For faster reporting, you can send a cover letter and a certified copy of the death certificate to the Nevada DMV.
North Dakota	No action required. Department of Motor Vehicles receives report of death quarterly. For faster updating of the DMV files, send a cover letter and either a copy of the certified death certificate or the deceased's driver license.
Oklahoma	No action required. The State Department of Health sends an electronic notice of death to the Department of Public Safety. The deceased's driving record is flagged to prevent any further use of the licensing information.
South Dakota	No action required. Department of Vital Statistics notifies Department of Motor Vehicles. To expedite matters, send a cover letter and the deceased's driver license.
Wisconsin	No action required. Department of Health Services, Office of Vital Records reports deaths monthly to Department of Motor Vehicles.
Wyoming	No action required. Department of Vital Records notifies Department of Motor Vehicles.