

South Dakota Absentee Ballot Application Form

_____ County

| | Black print and return to the county suditor in the county you are registered. A new application must be completed EACH calender year | | | | | | |
|---|--|---------------------|------------------------------|--|------------------|-------------|--|
| Please print and return to the county auditor in the county you are registered. A new application must be completed EACH calendar year. | | | | | | | |
| You may apply for an absentee ballot before 5:00 p.m. the day before the election for any or all general, primary, municipal, school, or any other elections conducted in this calendar year with one request. Additional information on absentee voting is available at sdsos.gov. | | | | | | | |
| | | | | | | | |
| | Last Name | First Name | | Middle Name(s)/Initial | | Suffix | |
| 1 | | | | | | | |
| | | | 1 | | | | |
| _ | Voter Registration Address | | Apt. or Lot # | City, State | | Zip Code | |
| 2 | | | | | | | |
| | | | | | | | |
| | Absentee ballot mailing address (if | different from Se | ction #2) | City, State | | Zip Code | |
| 3 | | | | | | | |
| | | | | | | | |
| SE | SELECT THE ELECTION(S) YOU ARE REQUESTING AN ABSENTEE BALLOT FOR: If your address changes after this is submitted, you must submit a new form. | | | | | | |
| | All General Primary Municipal School Any Other | | | | | | |
| _ | You will receive the Primary Election ballot of your party registration, if one is available. If you are registered as an independent/no party | | | | | | |
| 4 | affiliation and are requesting a Primary Election ballot, you may have a choice of the following: | | | | | | |
| | Democratic Libertarian Non-Political (You can only mark one selection.) | | | | | | |
| | Daytime telephone number If request is for a municipal or school election: | | | | | | |
| 5 | | | | | | | |
| | | student who resided | I in that jurisdiction prior | to leaving. 🛛 YES | □ NO | | |
| MILITARY AND OVERSEAS CITIZENS ONLY: | | | | | | | |
| | YES INO - I am a member of the Uniformed Services or Merchant Marine on active duty | | | | | | |
| | YES INO - I am an eligible spouse or dependent of a member of the Uniformed Services or Merchant Marine on active duty | | | | | | |
| | □ YES □ NO - I am a U.S. citizen residing outside the United States | | | | | | |
| | If you checked no for all questions, proceed to section #7. | | | | | | |
| | If you would like your ballot sent electronically (for Primary and General Elections ONLY) instead of first class mail, provide your e-mail address: | | | | | | |
| 6 | | | | | | | |
| • | E-mail address (MILITARY AND OVERSEAS CITIZENS ONLY): | | | | | | |
| | *An overseas military, overseas citizen, or stateside military, a spouse or dependent of the same, voter is not required to submit a photocopy | | | | | | |
| | of the voter's ID. | | | | | | |
| | *Any military and overseas voter may submit a signed application for absentee ballot by fax or e-mail. | | | | | | |
| | An acceptable ID is: A South Dakota driver's license or non-driver ID card, a passport or other picture ID issued by the United States government, | | | | | | |
| | a tribal photo ID, or a current student photo ID issued by a South Dakota high school or postsecondary education institution. | | | | | | |
| 7 | | | | | | | |
| | Copy of photo identification is attached | | | | | | |
| | OR | | | | | | |
| | □ I hereby verify that I am the person named above and these | | | | | | |
| | statements made by me on this application are true and correct. | | | Voter's Signature (required) | | | |
| | Sworn to me before this da | _, 20 | voter s signature (required) | | | | |
| | (Seal) Notary Signature | | | | | | |
| | Notary Signature Voter's Date of Signing (required):/ My commission expires Month / Day / Year | | | | | | |
| | | | | | | | |
| AUTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY: The deadline to request is 3:00 p.m. on Election Day | | | | | | | |
| | As a registered voter, I authorize | | | | r | | |
| | ast Name First Name | | st Name | Daytime teleph | | one | |
| | | | | | | | |
| | | | | 1 | | | |
| | Address | Ap | ot. or Lot # | City, State | Zip | Code | |
| 8 | | | | | | | |
| | | | | | | | |
| | to serve as my authorized messenger to pick up my absentee ballot. I further certify under penalty of law that I am confined because of | | | As the authorized messenger, I acknowledge receipt of the ballot for | | | |
| | | | | the above named voter onDate:Time: | | | |
| | sickness or disability and for this reason alone am unable to vote at my | | | | | | |
| | polling place on Election Day. | | | Are you serving as an authorized messenger for any other voter? | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Voter's Signature | | | Authorized Messenger's Signature | | | |
| | Voter's Sig | nature | | Δuth | orized Messenger | s Signature | |