



South Dakota Voter Cancellation Form

To cancel your voter record in South Dakota's Statewide Voter Registration System, complete and sign this form, and **return it to your County Auditor.**

County contact information may be found here: <https://vip.sdsos.gov/CountyAuditors.aspx>

Voter's Printed Name: _____
 First Middle Last

Date of Birth: _____ / _____ / _____ Phone Number _____
 MM DD YYYY

Residential Address: _____
 Street Address

 City, State, and Zip Code

Last Four Digits of SSN: _____ AND Driver's License #/Non-Driver ID #: _____

I hereby request the above voter be removed from the South Dakota list of registered voters for **one** of the following reasons:

- I, the undersigned, have moved out of state (requires voter's signature or mark);
- I, the undersigned, request that my name be removed (requires voter's signature or mark);
- The voter is deceased (requires obituary or death certificate).

_____ Signature*	_____/_____/_____ Date
_____ If not voter, relationship to voter	_____ Phone / Email if County has Questions
*If your registered name is different from your current name, please sign both last names.	
I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that I am the voter listed above or I am submitting true and correct information about a deceased voter.	

Please sign, date, and return this form to your **county election official** via mail or in-person.

Electronic submissions are not allowed.