



South Dakota Absentee Ballot Application Form

_____ County

Please print and return to your county auditor. 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.

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|---|--|---------------|------------------------|----------|
| 1 | Last Name | First Name | Middle Name(s)/Initial | Suffix |
| 2 | Voter Registration Address | Apt. or Lot # | City, State | Zip Code |
| 3 | Absentee ballot mailing address (if different from Section #2) | | City, State | Zip Code |

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

- 4 ☐ All ☐ General ☐ Primary ☐ Municipal ☐ School ☐ Any Other
If you are registered as an independent/no party 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.)**

| | | |
|---|--------------------------|--|
| 5 | Daytime telephone number | If request is for a municipal or school election: I have lived in that jurisdiction at least 30 days in the last year. <input type="checkbox"/> YES <input type="checkbox"/> NO I am a full-time student who resided in that jurisdiction prior to leaving. <input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--------------------------|--|

MILITARY AND OVERSEAS CITIZENS ONLY:

| | |
|---|---|
| 6 | <input type="checkbox"/> YES <input type="checkbox"/> NO - I am a member of the Uniformed Services or Merchant Marine on active duty <input type="checkbox"/> YES <input type="checkbox"/> NO - I am an eligible spouse or dependent of a member of the Uniformed Services or Merchant Marine on active duty <input type="checkbox"/> YES <input type="checkbox"/> 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: 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. |
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| 7 | 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. <input type="checkbox"/> Copy of photo identification is attached OR <input type="checkbox"/> I hereby verify that I am the person named above and these statements made by me on this application are true and correct. Sworn to me before this _____ day of _____, 20____. (Seal) Notary Signature _____ My commission expires _____ | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Voter's Signature (required)</p> <p style="text-align: center;">Voter's Date of Signing (required): ____/____/____ Month / Day / Year</p> |
|---|--|--|

AUTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY: The deadline to request is 3:00 p.m. on Election Day

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|--|--|---------------|---|-------------------|
| As a registered voter, I authorize... | | | | |
| Last Name | | First Name | | Daytime telephone |
| Address | | Apt. 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 sickness or disability and for this reason alone am unable to vote at my polling place on Election Day. | | As the authorized messenger, I acknowledge receipt of the ballot for the above named voter on...Date: _____Time: _____ Are you serving as an authorized messenger for any other voter? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Voter's Signature</p> | | | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Authorized Messenger's Signature</p> | |