

South Dakota Absentee Ballot Application Form _____County

| | Please print and return to your county auditor. A new application must be completed each calendar year. | | | | | | | |
|--|---|--------------------------------------|------------------------------|--|----------------|------------------------------|--|--|
| Υ | ou may apply for an absentee ballo | - | | | | - | | |
| | elections conducted in this calendar year with one request. Addi Last Name First Name | | | Middle Name(s)/Initial | | Suffix | | |
| 1 | Last Name | Tilst Name | | whate Name(3)/ mittal | | Sullix | | |
| - | | | | | | | | |
| | 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 | | | | | | | | |
| SF | 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 | | | | | | | |
| JL | ☐ All ☐ General ☐ Primary ☐ Municipal ☐ School ☐ Any Other | | | | | | | |
| 4 | 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.) | | | | | | | |
| | Daytime telephone number If request is for a municipal or school election: | | | | | | | |
| 5 | | • | st 30 days in the last year. | | | | | |
| | I am a full-time student who resided in that jurisdiction prior to leaving. \square YES \square NO | | | | | | | |
| MILITARY AND OVERSEAS CITIZENS ONLY: | | | | | | | | |
| | ☐ YES ☐ NO - I am a member of the Uniformed Services or Merchant Marine on active duty | | | | | | | |
| | ☐ YES ☐ NO - 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 | | | | | | quired 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. | | | | | | | |
| | ☐ Copy of photo identification is attached OR | | | | | | | |
| | ☐ I hereby verify that I am the per | and these | | | | | | |
| | statements made by me on this ap | | | | | | | |
| 7 | Sworn to me before this da | Vote | Voter's Signature (required) | | | | | |
| | (Seal) | | | | | | | |
| | Notary Signature | Voter's Date of Signing (required):/ | | | | | | |
| | My commission expires | | | | IVIC | onth / 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 | | | | I = | | | |
| | Last Name | Fir | st Name | | Daytime teleph | none | | |
| | | | | | | | | |
| | Address | Δn | ot. or Lot # | City, State | 7in | Code | | |
| | Addicas | ۸۲ | ντ. Οι LOT # | City, State | 214 | Code | | |
| | | | | | | | | |
| 8 | to serve as my authorized messenger to pick up my absentee ballot. I | | | As the authorized messenger, I acknowledge receipt of the ballot for | | | | |
| | further certify under penalty of law that I am confined because of | | | 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? | | | | |
| | | | | ☐ YES ☐ NO | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | Authorized Messenger's Signature | | | | |