Ballot Request

powered by

ROCK THE VOTE

You have not requested your ballot until you sign, stamp, and mail your completed form!

INSTRUCTIONS

Take these easy steps to complete your ballot request:

1. Review the information on your form carefully. Make sure all fields are filled out and accurate.

2. Sign and date your form. **You must sign** the request form before you mail it.

3. Place your form in an envelope and hand address it to your local election official.

4. Stamp it. Place a first class stamp on your envelope or folded mailer.

5. Mail it! Put your request application in the mail.

6. Vote! Once you receive your ballot, read the instructions carefully, fill out the ballot and return ASAP!

SUBMIT YOUR COMPLETED, SIGNED FORM TO:

Request Deadline:

Reminders for your state:

South Dakota Absentee Ballot Application Form

_____ County

<table>
<tr><td colspan="5">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.</td></tr>
<tr><td rowspan="1">1</td><td>Last Name</td><td>First Name</td><td>Middle Name(s)/Initial</td><td>Suffix</td></tr>
<tr><td>2</td><td>Voter Registration Address</td><td>Apt. or Lot #</td><td>City, State</td><td>Zip Code</td></tr>
<tr><td>3</td><td>Absentee ballot mailing address (if different from Section #2)</td><td></td><td>City, State</td><td>Zip Code</td></tr>
</table>

	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.)**

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

	MILITARY AND OVERSEAS CITIZENS ONLY:
6	☐ 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: **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.**

<table>
<tr><td rowspan="2">7</td><td colspan="2">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.</td></tr>
<tr><td>☐ 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.
Sworn to me before this _____ day of _____, 20_____.
  (Seal)
Notary Signature _____
My commission expires_____</td><td>

Voter's Signature (required)

Voter's Date of Signing (required): _____/_____/_____
Month / Day / Year</td></tr>
</table>

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

<table>
<tr><td rowspan="4">8</td><td colspan="2">As a registered voter, I authorize…</td></tr>
<tr><td>Last Name</td><td>First Name</td><td>Daytime telephone</td></tr>
</table>

<table>
<tr><td>Address</td><td>Apt. or Lot #</td><td>City, State</td><td>Zip Code</td></tr>
</table>

…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? ☐ YES ☐ NO
Voter's Signature	Authorized Messenger's Signature

1/4/18