

South Dakota Absentee Ballot Application Form County

| Places wint and voture to the county auditor in the county you are resistened. It now explication must be consulted FACU as less despera | | | | | | | |
|---|--|--------------------|------------------------|---|-------------------|------------------------|--|
| 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 | | | | | | | |
| | | | | | | | |
| | Voter Registration Address | | Apt. or Lot # | City, State | | Zip Code | |
| 2 | voter registration radiess | | Apt. or Lot II | city, state | | 216 6006 | |
| _ | | | | | | | |
| | Absentee ballot mailing address (if different from Sec | | "3) | 6:: 6: . | | 7: 0 1 | |
| | Absentee ballot mailing address (if | ection #2) | City, State | | Zip Code | | |
| 3 | | | | | | | |
| | | | | | | | |
| 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 Electic | n ballot of your p | party registration, if | one is available. If you are | registered as ar | n 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 | I have lived in that jurisdiction at least 30 days in the last year. | | | | | | |
| | I am a full-time student who resided in that jurisdiction prior to leaving. ☐ YES ☐ NO | | | | | | |
| MILITARY AND OVERSEAS CITIZENS ONLY: | | | | | | | |
| IVI | ☐ 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 | | | | | | |
| 6 | | | | | | | |
| | ☐ 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. | | | | | | |
| | 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, | | | | | | |
| 7 | 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 person named above and these | | | | | | |
| | statements made by me on this ap | | | | | | |
| | Sworn to me before this day of , 20 . | | | Voter's Signature (required) | | | |
| | (Seal) | | | | | | |
| | Notary Signature Voter's Date of Signing (required):/ | | | | | | |
| | My commission expires Month / Day / Year | | | | | | |
| Α1 | ITHORIZED 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 | | | | | | | |
| 8 | Last Name First Name | | rst Namo | Dautimo tolo | | 2000 | |
| | Last Name | | 15t Ivallie | | Daytime telephone | | |
| | | | | | | | |
| | A alaba a a | Α. | -t -ul-t# | City Chata | 7:. | - C- d- | |
| | Address | A | pt. or Lot # | City, State | ا کار | o Code | |
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| | | | | | | | |
| ٥ | 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 sickness or disability and for this reason alone am unable to vote at my polling place on Election Day. | | | the above named voter onDate:Time: Are you serving as an authorized messenger for any other voter? ☐ YES ☐ NO | | | |
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| 1 | Voter's Signature | | | Authorized Messenger's Signature | | | |