

South Dakota Absentee Ballot Application Form

Mail	to:			
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1839		C	county	,							
	Please print and retu	ırn to your county au	ditor. A new app	lication n	nust be completed each ca	alendar year					
	ou may apply for an absentee ballot be lections conducted in this calendar year	•	•				school, or any other				
1	Last Name	First Name	First Name		Middle Name(s)/Initial		Suffix				
2	Voter registration address		Apt. or Lot#	City, Sta	te	Zip) Code				
Absentee ballot mailing address (if different from section #2) 3		t from section #2)	City, State		te	Zip	Zip Code				
S	ELECT THE ELECTION(S) YOU ARE REQ	UESTING AN ABSEN	TEE BALLOT FO	₹:							
4	Democratic Non-Political	you are registered as an independent and are requesting a Primary Election ballot, you may have a choice of the following: Democratic Non-Political									
5		risdiction at least 30 days in the last year. Yes No									
6	Are you in the Military or Uniformed Services, a spouse or dependent of the same or an Oversees Citizen? If you checked yes, complete this section. If you checked no, proceed to section #7. If you want your ballot sent electronically instead of first class mail, provide your e-mail address below: *Stateside military voters are required to submit a photocopy of their ID or have this application notarized.										
	*The notarization of this application can be administered by any commissioned officer in the United States military.										
		* Overseas military and overseas citizen voters are not required to submit a photocopy of their ID. * All military and overseas voters may submit your signed application for absentee ballot by fax or e-mail.									
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. 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 before me this day of										
	(Seal) Notary signature My commission expires				Voter's Signat Date: / Month / D	/					
Α	UTHORIZED MESSENGER REQUEST DU	E TO SICKNESS OR I	DISABILITY ONLY	: The dea	dline to request is 3:00 p.m	n. on Electio	n Day.				
	As a registered voter, I authorize										
8	Last Name	Firs	st Name		Daytime tele	ephone					
	to serve as my authorized messenger absentee ballot. I further certify under per am confined because of sickness or disarreason alone am unable to vote at my per Election Day.	to pick up my enalty of law that I ability and for this	Apt. or Lot#				eceipt of the ballot for				
	Voter's Signat	ure			Authorized Messi	 enger's Signa	ture				