

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

| | | | | | | |
|---|--|-----------|--|---|----------------|-----------------------|
| Are you a citizen of the United States of America? | | Yes | No | This space for office use only. | | |
| Will you be 18 years old on or before election day? | | Yes | No | | | |
| If you checked "No" in response to either of these questions, do not complete form. (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.) | | | | | | |
| 1 | Mr. Miss Mrs. Ms. | Last Name | First Name | | Middle Name(s) | Jr II Sr III IV |
| 2 | Home Address | | Apt. or Lot # | City/Town | State | Zip Code |
| 3 | Address Where You Get Your Mail If Different From Above | | | City/Town | State | Zip Code |
| 4 | Date of Birth _____ Month Day Year | | 5 Telephone Number (optional) | 6 ID Number - (See item 6 in the instructions for your state) | | |
| 7 | Choice of Party (see item 7 in the instructions for your State) | | 8 Race or Ethnic Group (see item 8 in the instructions for your State) | | | |
| 9 | I have reviewed my state's instructions and I swear/affirm that: ■ I am a United States citizen ■ I meet the eligibility requirements of my state and subscribe to any oath required. ■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States. | | | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Please sign full name (or put mark) ▲</p> <p>Date: <div style="display: inline-block; width: 150px; border-bottom: 1px solid black; position: relative;"><div style="position: absolute; left: 50%; top: -5px; transform: translateX(-50%);">/</div><div style="position: absolute; left: 65%; top: -5px; transform: translateX(-50%);">/</div></div><div style="display: flex; justify-content: space-around; width: 150px; margin-top: 5px;">MonthDayYear</div></p> | | |

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

| | | | | | |
|----------|----------------------|-----------|------------|----------------|-----------------------|
| A | Mr. Miss Mrs. Ms. | Last Name | First Name | Middle Name(s) | Jr II Sr III IV |
|----------|----------------------|-----------|------------|----------------|-----------------------|

If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

| | | | | | |
|----------|----------------------------------|---------------|------------------|-------|----------|
| B | Street (or route and box number) | Apt. or Lot # | City/Town/County | State | Zip Code |
|----------|----------------------------------|---------------|------------------|-------|----------|

If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

| | | | |
|----------|--|-----------------|---|
| C | ■ Write in the names of the crossroads (or streets) nearest to where you live. | | <div style="border: 1px solid black; width: 150px; height: 100px; position: relative;"><div style="position: absolute; top: 0; right: 0;">NORTH ↑</div></div> |
| | ■ Draw an X to show where you live. | | |
| | ■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark. | | |
| | <div style="border: 1px solid black; padding: 5px;">Example</div> | Route #2 | |
| | | ● Grocery Store | |
| | | Woodchuck Road | |
| | Public School ● | | X |

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

| | |
|----------|--|
| D | |
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Mail this application to the address provided for your State.

South Dakota Voter Registration

MAILING ADDRESS
Elections, Secretary of State
500 E. Capitol
Pierre, SD 57501-5070

INSTRUCTIONS

1. ADD YOUR ID NUMBER

Federal law requires that states collect from each registrant an identification number.

See below for you state's specific instructions.

2. SIGN AND DATE

Sign your full name or make your mark, and print today's date in this order — Month, Day, Year.

3. MAIL IT

Place the form into an envelope or make a mailer, write the mailing address on the front, and add the correct postage.

4. VOTE

Vote by requesting an absentee ballot, early vote, or go to the polls on Election Day.

REGISTRATION DEADLINE

Received 15 days before the election.

ID NUMBER

Your driver's license number is requested. If you do not have a valid driver's license, you must provide the last four digits of your social security number.

RACE OR ETHNIC GROUP

Leave blank.

CHOICE OF PARTY

You must register with a party if you want to take part in that party's primary election, caucus, or convention.

SIGNATURE

To register in South Dakota you must:

- be a citizen of the United States
- reside in South Dakota
- be 18 years old by the next election
- not be currently serving a sentence for a felony conviction which included imprisonment, served or suspended, in an adult penitentiary system
- not have been adjudged mentally incompetent by a court

FIRST TIME VOTERS WHO REGISTER BY MAIL

If you are registering to vote for the first time in your jurisdiction and are mailing this registration application, Federal law requires you to show proof of identification the first time you vote. Proof of identification includes: A current and valid photo identification or a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address.

Voters may be exempt from this requirement if they submit a COPY of this identification with their mail in voter registration form.

If you wish to submit a COPY, please keep the following in mind: Your state may have additional identification requirements which may mandate you show identification at the polling place even if you meet the Federal proof of identification.

Do not submit original documents with this application, only COPIES.

MORE INFORMATION

For complete general and state-specific instructions for your voter registration application, visit the U.S. Election Assistance Commission.