

South Dakota Absentee Ballot Application Form

1889		County					
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						
ele	ections conducted in this calendar year w	1	litional informatio		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		!					
		!					
\dashv	Absorted hallot mailing address (if different	ont from section #2)	<u> </u>	City, State		Zip Code	
	Absentee ballot mailing address (if different from section #2)			City, State		Zip code	
3							
CELECT THE ELECTION(C) VOLLARE REQUIECTING AN ARCENTEE RALLOT FOR							
25	SELECT THE ELECTION(S) YOU ARE REQUESTING AN ABSENTEE BALLOT FOR:						
1	All General Primary Municipal School Any Other If you are registered as an independent and are requesting a Primary Floating ballot, you may have a chaice of the following:						
4	If you are registered as an independent and are requesting a Primary Election ballot, you may have a choice of the following: Democratic Non-Political						
	Daytime telephone number If request is for a municipal or school election: I have lived in that jurisdiction at least 30 days in the last year. No.						
5	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						
	ILITARY AND OVERSEAS CITIZENS ONLY:						
	Are you in the Military or Uniformed Services, a spouse or dependent of the same or an Overseas Citizen? Yes No						
	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:						
6							
6							
		*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.						
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	*All military and overseas voters may submit your 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 person named above and these statements							
	made by me on this application are true and correct.						
	Sworn to before me this day of , 20 Voter's Signature Required						
	(Seal)						
	Notary signature Date:						
	My commission expires Month / Day / Year JTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY: The deadline to request is 3:00 p.m. on Election Day.						
_		O SICKNESS OR DISAB	BILITY ONLY: The	deadline to request is 3:	:00 p.m. on Election I	Day.	
	As a registered voter, I authorize Last Name First Name Daytime telephone						
	Last ivallie		St Name		Daytime telephone		
	Address		Apt. or Lot #	City, State		Zip Code	
			<u> </u>	As the sutherized mass	angar Lacknowledge	receipt of the hallet for	
	to serve as my authorized messenger to pick up my			As the authorized messenger, I acknowledge receipt of the ballot for the above named voter on			
8 8	absentee ballot. I further certify under penalty of law that I am confined because of sickness or disability and for this			Date: Time:			
	and commed because of sickness of disability and for this			Are you serving as an authorized messenger Yes			
	reason alone am unable to vote at my polling place on Election Day.			for any other voter?			
	LIECTION Day.		\neg				
	1						
	1						
	Voter's Signature			Authorized Messenger's Signature			