

South Dakota Absentee Ballot Application Form _____ County

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|---|---|--|--|---|------------------------------------|--|--|
| | Please print and r | eturn to your cou | unty auditor. A new | application must be com | pleted each o | alendar year. | |
| | You may apply for an absentee bal | | | | | | |
| _ | other elections conducted in thi | | vith one request. A | | absentee voti | | |
| | Last Name | First Name | | Middle Name(s)/Initial | | Suffix | |
| 1 | | | | | | | |
| | | | | | | | |
| | Voter Registration Address | | Apt. or Lot # | City, State | | Zip Code | |
| 2 | | | | | | | |
| | | | | | | | |
| | Absentee ballot mailing address (it | f different from S | ection #2) | City, State | | Zip Code | |
| 3 | | | | | | | |
| | | | | | | | |
| SE | LECT THE ELECTION(S) YOU ARE RE | | | R: If your address changes a | after this is sub | mitted, you must submit a new form | |
| | 🗆 All 🗔 General 🗔 Primary 🗔 | | | | | | |
| 4 | | | | | | | |
| | ☐ Democratic ☐ Non-Political | le 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: | | | | | | | |
| | ☐ 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): | | | | | | |
| | | | | | | | |
| 6 | | | | | | | |
| | | | | | | | |
| | *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, a tribal photo ID, or a current student photo ID issued by a South Dakota high school or postsecondary education institution | | | | | | |
| | government, a tribal photo ID, or a | a current student | photo ID issued by | a South Dakota high school | ol or postseco | ndary education institution. | |
| | ☐ Copy of photo identification is attached OR | | | | | | |
| | | | | | | | |
| | | I hereby verify that I am the person named above and these atements made by me on this application are true and correct. | | | | | |
| 7 | 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 | | | |
| AUTHORIZED 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 | | | | | | | |
| | | | rst Name | | Daytime tel | ephone | |
| | Last Name | 1 11 | 15t Maille | | | | |
| | Last Name | | ist Name | | | | |
| | Last Name | | ist ivallie | | | | |
| | | | pt. or Lot # | City, State | | Zip Code | |
| | Last Name Address | | | City, State | | Zip Code | |
| | | | | City, State | | Zip Code | |
| 8 | | A | pt. or Lot # | | senger, I ackn | Zip Code owledge receipt of the ballot for | |
| 8 | Address | A enger to pick up n | pt. or Lot # ny absentee ballot. | | | owledge receipt of the ballot for | |
| 8 | Addressto serve as my authorized messe | A enger to pick up n aw that I am conf | pt. or Lot # ny absentee ballot. ined because of | As the authorized mess the above named vote | r onDate: | owledge receipt of the ballot for Time: | |
| 8 | Address to serve as my authorized messes I further certify under penalty of la | A enger to pick up n aw that I am conf | pt. or Lot # ny absentee ballot. ined because of | As the authorized mess the above named vote | r onDate: uthorized me | owledge receipt of the ballot forTime:ssenger for any other voter? | |
| 8 | to serve as my authorized messer I further certify under penalty of lasickness or disability and for this r | A enger to pick up n aw that I am conf | pt. or Lot # ny absentee ballot. ined because of | As the authorized mess the above named vote | r onDate: uthorized me | owledge receipt of the ballot for Time: | |
| 8 | to serve as my authorized messer I further certify under penalty of lasickness or disability and for this r | A enger to pick up n aw that I am conf | pt. or Lot # ny absentee ballot. ined because of | As the authorized mess the above named vote | r onDate: uthorized me | owledge receipt of the ballot forTime:ssenger for any other voter? | |
| 8 | to serve as my authorized messer I further certify under penalty of lasickness or disability and for this r | A enger to pick up n aw that I am conf | pt. or Lot # ny absentee ballot. ined because of | As the authorized mess the above named vote | r onDate: uthorized me | owledge receipt of the ballot forTime:ssenger for any other voter? | |
| 8 | to serve as my authorized messer I further certify under penalty of lasickness or disability and for this r | enger to pick up n aw that I am conf eason alone am u | pt. or Lot # ny absentee ballot. ined because of | As the authorized mess the above named vote Are you serving as an a | r onDate: uthorized me ☐ YES | owledge receipt of the ballot forTime:ssenger for any other voter? | |