

South Dakota Absentee Ballot Application Form

_____ County

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						
_	V-to-Doristostico Address			6 1. 6 1. 1		
2	Voter Registration Address		Apt. or Lot #	City, State		Zip Code
	Absentee ballot mailing address (if different from Section		Section #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						ed, you must submit a new form.
4	□ All □ General □ Primary □ Municipal □ School □ Any Other					
	You will receive the Primary Election ballot of your party registration, if one is available. If you are registered as an independent/no party 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. ☐ YES ☐ NO					
	I am a full-time student who resided in that jurisdiction prior to leaving. ☐ YES ☐ NO					S □ NO
M	LITARY 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:					
6						
	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						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.					
7	☐ 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 me before this day of, 20			Voter's Signature (required)		
	(Seal) Notary Signature Votor's Date of Signing (required):					
	Notary Signature Voter's Date of Signing (required):/					
	Month, bay, real					
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						
8	Last Name	F	irst Name		Daytime teleph	none
		- Name			buyanne terepi	ione
	Address	A	pt. or Lot #	City, State	Zip	Code
٦	to serve as my authorized messenger to pick up my absentee ballot. I			As the authorized messenger, I acknowledge receipt of the ballot for the above named voter onDate: Time:		
	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			the above named voter onDate:Time:		
	polling place on Election Day.			Are you serving as an authorized messenger for any other voter?		
	8 58			☐ YES ☐ NO		
	Voter's Signature			Authorized Messenger's Signature		