


CHAPTER 5:02:03
FORMS FOR REGISTRATION

Section

5:02:03:00	Repealed.
5:02:03:01	Voter registration form.
5:02:03:01.01	Repealed.
5:02:03:02	Repealed.
5:02:03:03	Repealed.
5:02:03:04	Repealed.
5:02:03:05	Repealed.
5:02:03:06	Repealed.
5:02:03:07	Repealed.
5:02:03:08	Repealed.
5:02:03:09	Repealed.
5:02:03:10	Repealed.
5:02:03:11	Repealed.
5:02:03:12	Agency voter registration instructions.
5:02:03:13	Voter registration instructions.
5:02:03:14	Acknowledgement notice for invalid or incomplete voter registration applications.
5:02:03:15	Acknowledgement notice for valid voter registrations.
5:02:03:16	Confirmation mailing notice.
5:02:03:17	Retention of confirmation mailing notice records.

- 5:02:03:18 Voter registration statistics.
- 5:02:03:19 Voter registration address verification notice.
- 5:02:03:20 Potential duplicate notice.
- 5:02:03:21 Statement by person registering without a driver license, nondriver identification number, or social security number.
- 5:02:03:22 Parameters for voter registration verification with driver license records.
- 5:02:03:23 Parameters for voter registration verification with social security administration records.
- 5:02:03:24 Notice to removed felons.
- 5:02:03:25 Repealed.
- 5:02:03:26 National change of address notice.
- 5:02:03:27 Voter registration list maintenance confirmation notice.
- 5:02:03:28 Secured active designation -- Application.
- 5:02:03:29 Secured active designation -- Cancellation -- Application.

5:02:03:28. Secured active designation -- Application. The application form to be listed in the master registration file with a secured active designation must be in the following format and contain the following information:



South Dakota Voter Registration Secured Active Designation Application

Please print and complete the entire form. Return the completed application by email, fax, mail, or in person to the address listed below:

Office of the Secretary of State
Attn: Secured Active Program
500 East Capitol Avenue, Suite 204
Pierre, SD 57501

Applicant Information:

Last Name	First Name	Middle Name(s)/Initial	Suffix
Residence Address	Apt. or Lot #	City	State Zip Code
Mailing Address (if different)		City	State Zip Code
Date of Birth Month / Day / Year	Telephone Number	Email Address (optional)	

I AFFIRM THAT: *(Check applicable box)*

I have obtained an active protection order under South Dakota Codified Law chapter 25-10 or 22-19A.

OR

I currently reside in a shelter established pursuant to South Dakota Codified Law chapter 25-10. *(Authorization below must be signed by an official of the shelter)*

Signature of Authorized Shelter Official

Name of Qualifying Shelter

PLEASE NOTE: If you are not currently registered to vote in South Dakota, please also complete and attach the South Dakota Voter Registration form to this application.

Signature of Applicant

Date of Application

The secretary of state shall obtain the signatures of officials authorized to sign an application from shelters established by SDCL chapter 25-10. The secretary of state shall verify the signatures on file on an annual basis.

General Authority: SDCL 12-1-9(1), 12-4-9.2.

Law Implemented: SDCL 12-4-9.2

5:02:03:29. Secured active designation -- Cancellation -- Application. A voter with a secured active designation listed in the master registration file may apply to the secretary of state to cancel the secured active designation. The application form must be in the following format and contain the following information:



South Dakota Voter Registration Secured Active Designation Cancellation

Please print and complete the entire form. Return the completed application by email, fax, mail, or in person to the address listed below:

Office of the Secretary of State
Attn: Secured Active Program
500 East Capitol Avenue, Suite 204
Pierre, SD 57501

Applicant Information:

Last Name		First Name		Middle Name(s)/Initial		Suffix
Residence Address			Apt. or Lot #	City	State	Zip Code
Mailing Address (if different)				City	State	Zip Code
Date of Birth Month / Day / Year	Telephone Number			Email Address (optional)		

Cancellation Request:

I request to have the secured active designation removed from my voter information included in the master registration file.

Signature of Applicant

Date of Application

General Authority: SDCL 12-1-9 (1), 12-4-9.2.

Law Implemented: SDCL 12-4-9.2.

5:02:07:06. Certificate of nomination to fill vacancy. The certificate of nomination to fill a vacancy created by the death or withdrawal of a candidate for a single-county legislative district or a county office shall must be signed by the county party central committee chairperson. ~~of each county in the district when the nomination is for joint legislative districts.~~ For multi-county legislative districts, the certificate must be signed by the state party central committee chairperson or the person designated to conduct the meeting under SDCL 12-6-57. For a statewide ~~or congressional district nomination~~ office or a presidential elector, the certificate ~~shall must~~ be signed by the state party central committee chairperson. The certificate ~~shall must~~ be in the following form:

CERTIFICATE OF NOMINATION TO FILL VACANCY

I, ~~(WE)~~, THE UNDERSIGNED _____ party (county) (state) central committee chairperson(s), or designee, hereby certify that, in accordance with the laws of South -Dakota, _____ of _____ County, whose mailing address is _____ and whose principal residence address is _____, was nominated to the office of _____ (list the district number, if applicable) in order to fill the vacancy created by the (death) (withdrawal) of _____.

(Signed) _____
 Chairperson (or designee for multi-county legislative districts)

(State) (_____ County) Central Committee

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

 Officer Administering Oath

I, _____ (print candidate name here exactly as you want it on the election ballot) under oath, declare that I am eligible to seek the office of _____, that I am registered to vote as a member of the _____ Party, and that if I am a legislative candidate I reside in the district from which I am a candidate. If nominated and elected, I will qualify and serve in that office.

Candidate Signature

Sworn to before me this _____ day of _____, 20____

(Seal)

Signature of Officer Administering Oath

My Commission Expires _____

Title of Officer Administering Oath

Source: 6 SDR 25, effective September 24, 1979; 29 SDR 113, effective January 30, 2003; 35 SDR 306, effective July 1, 2009.

General Authority: SDCL 12-1-9(7).

Law Implemented: SDCL 12-6-56, 12-6-57, 12-6-58, 12-8-6.