South Dakota Voter Registration Form

County

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.

1	Are you a citizen of the United States of America? ☐ Yes ☐ No Will you be 18 years of age or older on or before the next election? ☐ Yes ☐ No If you checked 'No' in response to either of these questions, do not complete this form.				
2	**Last Name** (Required):	**First Name** (Required):	**Middle Name(s)/Initial**		**Suffix** (Jr., Sr., II, etc.)
3	**Residence Address** (Required):	**Apt. or Lot #**	**City**	**State**	**Zip Code**
4	**Mailing Address** (if different):		**City**	**State**	**Zip Code**
4a	If you live in a rural area and do not have a street address; if your residence address is a PO Box, rural box, or general delivery; or if you have no address, please describe the physical location of your residence in writing in the space below, which may include writing the names of the streets or intersections nearest to where you live and listing any landmarks (e.g., schools, churches, stores) near where you live. If you run out of room or if you want to draw a map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:				
5	**Date of Birth** (Required): Month / Day / Year	6 **Telephone Number** (optional)	7 **SD Driver License (DL) # or SD Non-Driver ID #** (Required)		
8	**Choice of Party –** See information in the box below:	9 **Email Address** (optional)	**If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number**		

***Choice of Party Information*:** If you are currently registered to vote in South Dakota and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered in South Dakota to vote and you leave the choice of party field blank, you will be entered as a no party affiliation voter.

Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration:

Please provide information below if you have recently moved to South Dakota from a different state, moved within South Dakota, or changed your last name.

10	**Previous Last Name**	**First Name**	**Middle Name(s)**		**Suffix**
11	**Previous Address**		**City**	**State**	**Zip Code**
12	**Previous Driver License Number and State**		**Previous County**		
13	**Would you like to be a precinct election worker on election day?**		**Yes** ☐ **No** ☐		

14 I declare, under penalty of perjury (2 years imprisonment and $4,000 fine), that:

*I am a citizen of the United States of America;
I will be 18 years of age or older on or before the next election;
*I have maintained residence in South Dakota for at least 30 days prior to submitting the registration form;
*I have not been judged mentally incompetent;
*I am not currently serving a sentence for a felony conviction; and
*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date:_____/_____/_____
Month Day Year

Auditor use only. Agency code: E

2023