

SOUTH DAKOTA AGENCY VOTER REGISTRATION INSTRUCTIONS and
DECLINATION FORM FOR: **SD DEPARTMENT OF HEALTH**

(Public assistance programs to include TANF, SNAP, WIC, etc.)

If you are **not registered to vote where you live now**, would you like to apply to register to vote here today?

Applying to register or declining to register to vote **will not affect the amount of assistance that you will be provided by this agency.**

YES I want to register to vote NO I do not want to register to vote

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. (Failure to check either box is deemed a declination to register for purposes of receiving assistance in registration but is not deemed a written declination to receive an application. If you do not check either box, you will be provided a voter registration form that you may complete at your convenience.)

- If you register to vote, the information regarding the office to which the voter registration form was submitted will remain confidential and be used only for voter registration purposes.
- If you do not register to vote, this decision will remain confidential and be used only for voter registration purposes.
- If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State by calling 605-773-3537 or write to: Secretary of State, 500 E. Capitol, Pierre, SD 57501.

To register to vote, please print legibly and complete the entire voter registration form. If you are currently registered to vote at a different address, please also fill out the previous voter registration information at the bottom of the form.

Print Name of Applicant/Declinee

Signature of Applicant/Declinee

Date

This form remains with the Department of Health.