

SOUTH DAKOTA AGENCY VOTER REGISTRATION FORM

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

Yes _____ No _____

If you do not check either box, you will be considered to have decided not to register to vote at this time.

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 don't 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 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, 500 E. Capitol, Pierre, SD 57501, 605-773-3537.

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

To register, please complete the entire voter registration form by printing the requested information. If you are currently registered to vote, please also fill out the previous voter registration information at the bottom of the form. Return the voter registration form to the county auditor in your county of residence or to your local TANF, food stamp, WIC, military recruitment, or Department of Human Services office. **The deadline for registration is 15 days before any election.**



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.

Are you a citizen of the United States of America? Yes No
 Will you be 18 years of age on or before the next election? Yes No
 If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name	First Name	Middle Name(s)/Initial	Suffix
2	Residence Address	Apt. or Lot #	City	State
3	Mailing Address (if different)		City	State
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:			

4	Date of Birth (Required) Month / Day / Year	5	Telephone Number	6	South Dakota Driver License Number (Required) If you do not have a current SD Driver License, provide the last 4 digits of Social Security Number
7	Choice of Party	8	Email Address		

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

9	Previous Last Name	First Name	Middle Name(s)	Suffix
10	Previous Address		City	State
11	Previous Driver License Number and State		Previous County	Date of Birth (Required)

Would you like to be a precinct election worker on election day? Yes No

12	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 actually live at and have no present intention of leaving the above address; *I will be 18 on or before the next election; *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.	<div style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>Signature Required</p> <p>Date: _____ / _____ / _____ Month / Day / Year</p>
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