



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
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2	Residence Address	Apt. or Lot #	City	State	Zip Code
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3	Mailing Address (if different)	City	State	Zip Code
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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	Telephone Number	South Dakota Driver License Number (Required)
7	Choice of Party	Email Address	6 If you do not have a current SD Driver License, provide the last 4 digits of Social Security Number

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
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10	Previous Address	City	State	Zip Code
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11	Previous Driver License Number and State	Previous County	Date of Birth (Required)
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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%; margin-bottom: 5px;"></div> Signature Required Date: _____ / _____ / _____ Month / Day / Year
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Auditor use only. Agency code: