

CERTIFICATE OF NOMINATION FOR INDEPENDENT CANDIDATE

INSTRUCTIONS TO CANDIDATE: The heading of this petition and the declaration of candidacy must be fully completed before the petition is circulated for signatures.

WE, THE UNDERSIGNED qualified voters of \_\_\_\_\_ (here insert the jurisdiction in which the office is sought: name of county, number of legislative district or "state") of South Dakota, nominate \_\_\_\_\_ of \_\_\_\_\_ County, whose mailing address is \_\_\_\_\_, SD \_\_\_\_\_, and whose principal residence address is \_\_\_\_\_, SD \_\_\_\_\_, as an Independent candidate for the office of \_\_\_\_\_ (if a legislative candidate insert “State House of Representatives” or State Senate”) \_\_\_\_\_ at the general election to be held November \_\_\_\_\_, 20\_\_\_\_.

DECLARATION OF CANDIDATE

I, \_\_\_\_\_ (print name here exactly as you want it on the election ballot), under oath, declare that I am eligible to seek the office for which I am a candidate and that if I am a legislative or county commission candidate I reside in the district from which I am a candidate. If elected, I will qualify and serve in that office.

(Signed)\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)  
My Commission Expires \_\_\_\_\_.

Signature of Officer Administering Oath  
Title of Officer Administering Oath

INSTRUCTIONS TO SIGNERS:

- 1. Signers of this petition must individually sign their names in the form in which they are registered to vote or as they usually sign their names.
- 2. Before the petition is filed, each signer or the circulator must add the voter registration address of the signer and the date of signing. If the signer is a resident of a second or third class municipality, a post office box may be used for the voter registration address.
- 3. Before the petition is filed, each signer or the circulator must print the name of the signer in the space provided and add the county of voter registration.
- 4. Abbreviations of common usage may be used. Ditto marks may not be used.
- 5. Failure to provide all information requested may invalidate the signature.

NAME	VOTER REGISTRATION ADDRESS	DATE/COUNTY
SIGN  1 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  2 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  3 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  4 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  5 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  6 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  7 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  8 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  9 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  10 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  11 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION
SIGN  12 _____ PRINT	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  _____ CITY OR TOWN	DATE OF SIGNING  _____ COUNTY OF REGISTRATION

NAME	VOTER REGISTRATION ADDRESS	DATE/COUNTY
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13 ----- PRINT	----- CITY OR TOWN	----- COUNTY OF REGISTRATION
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28 ----- PRINT	----- CITY OR TOWN	----- COUNTY OF REGISTRATION
SIGN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
29 ----- PRINT	----- CITY OR TOWN	----- COUNTY OF REGISTRATION
SIGN	STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER	DATE OF SIGNING
30 ----- PRINT	----- CITY OR TOWN	----- COUNTY OF REGISTRATION

**VERIFICATION BY PERSON CIRCULATING PETITION**  
**INSTRUCTIONS TO CIRCULATOR:** This section **must** be completed following circulation and before filing.

Print Name of the Circulator	Residence Address	City	State
I, under oath, state that I circulated the above petition, that each signer personally signed this petition in my presence, and that either the signer or I added the printed name, the voter registration address of the signer, the date of signing, and the county of voter registration.			
Sworn to before me this _____ day of _____, _____. (Seal)		Signature of Circulator	
My Commission Expires _____		Signature of Officer Administering Oath	
December 1, 2025 - Form Revised Per HB1256		Title of Officer Administering Oath	