**INITIATED CONSTITUTIONAL AMENDMENT PETITION**

**OR**

**INITIATED PETITION FOR REPEAL OF CONSTITUTIONAL PROVISION**

WE, THE UNDERSIGNED qualified voters of the state of South Dakota, petition that the section or sections and article or articles of the South Dakota Constitution which accompanies this petition be (repealed) (amended) and that this proposal be submitted to the voters of the state of South Dakota at the general election on November \_\_\_, \_\_\_\_\_ for their approval or rejection.

Title: must be in 14pt font

Attorney General Explanation: must be in 14pt font

Fiscal Note: must be in 14pt font

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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 residence 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 residence 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.

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| NAME | RESIDENCE | 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 |
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| SIGN  12 -----------------------------------------------------------------------------------------------  PRINT | STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  ---------------------------------------------------------------------------------------------  CITY OR TOWN | DATE OF SIGNING  ------------------------------------------------------  COUNTY OF REGISTRATION |
| Title: must be in 16pt font | | |
| NAME | RESIDENCE | DATE/COUNTY |
| SIGN  13 ------------------------------------------------------------------------------------------------  PRINT | STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  ---------------------------------------------------------------------------------------------  CITY OR TOWN | DATE OF SIGNING  ------------------------------------------------------  COUNTY OF REGISTRATION |
| SIGN  1 4 ------------------------------------------------------------------------------------------------  PRINT | STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  ---------------------------------------------------------------------------------------------  CITY OR TOWN | DATE OF SIGNING  ------------------------------------------------------  COUNTY OF REGISTRATION |
| SIGN  15 ------------------------------------------------------------------------------------------------  PRINT | STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  ---------------------------------------------------------------------------------------------  CITY OR TOWN | DATE OF SIGNING  ------------------------------------------------------  COUNTY OF REGISTRATION |
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| SIGN  25 -----------------------------------------------------------------------------------------------  PRINT | STREET AND NUMBER OR RURAL ROUTE AND BOX NUMBER  ---------------------------------------------------------------------------------------------  CITY OR TOWN | DATE OF SIGNING  ------------------------------------------------------  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, that I am not attesting to any signature obtained by any other person, that I am a resident of South Dakota, that I made reasonable inquiry and to the best of my knowledge each person signing the petition is a qualified voter in the county indicated on the signature line, that no state statute regarding petition circulation was knowingly violated, and that either the signer or I added the printed name, the residence address of the signer, the date of signing, and the county of voter registration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circulator ID Number (paid circulator only) Signature of Circulator

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

(Seal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Officer Administering Oath

My Commission Expires \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of Officer Administering Oath

Form Revised 2025 Per SB91