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.

	Last Name	First Name	Middle Name(s)/Initial	Suffix
1				

	Residence Address	Apt. or Lot #	City	State	Zip Code
2					

	Mailing Address (if different)	City	State	Zip Code
3				

	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:
3a	

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

Choice of Party Information: If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

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

	Previous Last Name	First Name	Middle Name(s)	Suffix
9				

	Previous Address	City	State	Zip Code
10				

	Previous Driver License Number and State	Previous County	Date of Birth (Required)
11			

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

	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 <u>not</u> 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.	Signature Required Date:_____/_____/_____ Month / Day / Year
12		

Auditor use only. Agency code:

2019