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Please print and return to the county auditor in the county you are registered. A new application must be completed EACH calendar year.						
You may apply for an absentee ballot before 5:00 p.m. the day before the election for any or all general, primary, municipal, school, or any other elections conducted in this calendar year with one request. Additional information on absentee voting is available at sdsos.gov.						
	Last Name	First Name		Middle Name(s)/Initial		Suffix
1						
	Voter Registration Address		Apt. or Lot #	City, State		Zip Code
2						
-						
	Absentee ballot mailing address (if different from Section #2)		stion #2)	City State		Zin Codo
-	Absencee ballot mailing address (if different from Section #2)			City, State		Zip Code
3						
SE	SELECT THE ELECTION(S) YOU ARE REQUESTING AN ABSENTEE BALLOT FOR: If your address changes after this is submitted, you must submit a new form.					
	□ All □ General □ Primary □ Municipal □ School □ Any Other					
4	You will receive the Primary Election ballot of your party registration, if one is available. If you are registered as an independent/no party					
4	affiliation and are requesting a Primary Election ballot, you may have a choice of the following:					
	Democratic Libertarian Non-Political (You can only mark one selection.)					
	Daytime telephone number If request is for a municipal or school election:					
5						
		student who reside	in that jurisdiction prior to leaving. 🗆 YES 🛛 🗖 NO			
MILITARY AND OVERSEAS CITIZENS ONLY:						
	□ YES □ NO - I am a member of th	f the Uniformed Services or Merchant Marine on active duty				
	□ YES □ NO - I am an eligible spouse or dependent of a member of the Uniformed Services or Merchant Marine on active duty					
	□ YES □ NO - I am a U.S. citizen residing outside the United States					
	If you checked no for all questions, proceed to section #7.					
6	If you would like your ballot sent electronically (for Primary and General Elections ONLY) instead of first class mail, provide your e-mail address:					
0	E-mail address (MILITARY AND OVERSEAS CITIZENS ONLY):					
	*An overseas military, overseas citizen, or stateside military, a spouse or dependent of the same, voter is not required to submit a photocopy					
	of the voter's ID.					
	*Any military and overseas voter may submit a signed application for absentee ballot by fax or e-mail.					
	An acceptable ID is: A South Dakota driver's license or non-driver ID card, a passport or other picture ID issued by the United States government,					
	a tribal photo ID, or a current student photo ID issued by a South Dakota high school or postsecondary education institution.					
	Copy of photo identification is a					
	OR					
	□ I hereby verify that I am the person named above and these					
	statements made by me on this application are true and correct.					
7	Sworn to me before this day of, 20			Voter's Signature (required)		
	(Seal)					
	Notary Signature/ Voter's Date of Signing (required)://					
AUTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY: The deadline to request is 3:00 p.m. on Election Day						
As a registered voter, I authorize						
	Last Name		rst Name		Daytime tele	phone
	Address	Ap	ot. or Lot #	City, State		Zip Code
1						
8	to serve as my authorized messenger to pick up my absentee ballot. I			As the authorized messenger, I acknowledge receipt of the ballot for		
	further certify under penalty of law that I am confined because of			As the authorized messenger, I acknowledge receipt of the ballot for the above named voter onDate: Time:		
	sickness or disability and for this reason alone am unable to vote at my			Are you serving as an authorized messenger for any other voter?		
	polling place on Election Day.					
1						
	Voter's Signature			Authorized Messenger's Signature		
1	10101 3 3 16			, tach		0