South Dakota
Voter Cancellation Form

To cancel your voter record in South Dakota's Statewide Voter Registration System, complete and sign this form, and **return it to your County Auditor**.

County contact information may be found here: https://vip.sdsos.gov/CountyAuditors.aspx

Voter's Printed Name: _____
First Middle Last

Date of Birth: _____/_____/_____ Phone Number_____
MM DD YYYY

Residential Address: _____
Street Address

_____
City, State, and Zip Code

Last Four Digits of SSN:_____ AND Driver's License #/Non-Driver ID #:_____

I hereby request the above voter be removed from the South Dakota list of registered voters for **one** of the following reasons:

- ☐ I, the undersigned, have moved out of state (requires voter's signature or mark);
- ☐ I, the undersigned, request that my name be removed (requires voter's signature or mark);
- ☐ The voter is deceased (requires obituary or death certificate).

_____ ____/____/_____
Signature* Date

_____ _____
If not voter, relationship to voter Phone / Email if County has Questions

**If your registered name is different from your current name, please sign both last names.*

I declare, under penalty of perjury (2 years imprisonment and $4,000 fine), that I am the voter listed above or I am submitting true and correct information about a deceased voter.

Please sign, date, and return this form to your **county election official via mail or in-person.**

Electronic submissions are not allowed.

2023