

APPLICATION FOR ABSENTEE BALLOT _____ COUNTY, SOUTH DAKOTA

You may apply for an absentee ballot before 3:00 p.m. on Election Day for any or all primary, general, or special elections conducted by your county in this calendar year with one request. However, you must make a separate request for municipal elections and another for school elections. Additional information on absentee voting is available at www.sdsos.gov.

Check the election(s) for which you are requesting an absentee ballot:

- ☐ Primary If you are registered as an independent and are requesting a primary ballot, you may have a choice of ballots. Please check one of the following: ☐ Non-Political ballot or ☐ Democratic Party ballot
- ☐ General
- ☐ Municipal
- ☐ School
- ☐ Special
- ☐ If any other election is conducted by this jurisdiction (specify jurisdiction _____) this calendar year, I request an absentee ballot for that election.

If request is for a municipal or school election:

I have lived in that jurisdiction at least 30 days in the last year. Yes ☐ No ☐

I am a full-time postsecondary student who resided in that jurisdiction immediately prior to leaving for postsecondary education. Yes ☐ No ☐

I am on active duty military and my home of record is in that jurisdiction. Yes ☐ No ☐

Are you in the Military or Uniformed Services, a Spouse or Dependent of the same, or an Overseas Citizen? Yes ☐ No ☐

Are you currently living in the United States? Yes ☐ No ☐

My printed name as it appears on the voter registration list is: _____

My voter registration residence address is: _____
Address City

Mail my ballot to the following address _____
Street Address or PO Box City State Zip

Daytime phone number: _____

NOTE: The voter's signature must be witnessed by a notary public or other officer authorized to administer an oath. If the signature is not witnessed, this application must be accompanied by a copy of the voter's valid ID. If you are living outside the United States, these requirements do not apply.

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 • A current student photo ID issued by a South Dakota high school or postsecondary education institution

I hereby verify that I am the person named above and these statements made by me on this application are true and correct.

Sworn to before me this ____ day of _____, 20____.
(Seal)

My Commission Expires _____

Voter Signature

Signature of Officer Administering Oath

Title of Officer Administering Oath

AUTHORIZED MESSENGER REQUEST ONLY:

I authorize _____ to serve as my authorized messenger to pick up my absentee ballot. I further certify under penalty of law that I am confined because of sickness or disability and for this reason alone am unable to vote at my polling place on Election Day.

Signature of voter

THE AUTHORIZED MESSENGER MUST COMPLETE THE FOLLOWING:

Name: _____ Phone: _____

Address: _____

Are you serving as an authorized messenger for any other voter? Yes ☐ No ☐

I acknowledge receipt of the ballot for the above named voter on _____ at _____ m.
Date Time

Date Ballot Returned: _____
Form Revised 7/1/2010 – 5:02:10:01

Signature of Authorized Messenger