

**APPLICATION FOR ABSENTEE BALLOT
COUNTY, SOUTH DAKOTA**

You may apply for an absentee ballot for any or all primary, general, or special elections conducted by your county with one request. However, you must make a separate request for municipal elections and another for school elections.

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

- Primary
- General
- Municipal
- School
- Special _____ (specify jurisdiction)
- If any other election is conducted by this jurisdiction this 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

My voter registration residence address is: _____
(address) (city)

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

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

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

Voter Signature

Signature of Officer Administering Oath

My Commission Expires _____

Title of Officer Administering Oath

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 absentee voting at the office of the person in charge of the election, you must show a valid ID.

An acceptable ID is:

- A South Dakota driver's license or nondriver 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

COMPLETE THIS PORTION IF BALLOT IS TO BE MAILED

Mail my ballot to the following address: _____

Daytime phone number: _____ (Street address or PO Box) (City) (State) (Zip)

COMPLETE THIS PORTION IF REQUEST IS FOR AN AUTHORIZED MESSENGER TO PICK UP BALLOT (This application must be received by the person in charge of the election before 3:00 p.m. on election day):

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)

Signature of authorized messenger

Date Ballot Returned: _____