South Dakota

Absentee Ballot Application Form

Clay County

Mail to:
City Finance Office
25 Center Street
Vermillion, SD 57069

Please print and return to your county auditor. 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.

1	Last Name	First Name	Middle Name(s)/Initial	Suffix
2	Voter registration address	Apt. or Lot #	City, State	Zip Code
3	Absentee ballot mailing address (if different from section #2)		City, State	Zip Code

SELECT THE ELECTION(S) YOU ARE REQUESTING AN ABSENTEE BALLOT FOR:

4 All ☐ General ☐ Primary ☐ Municipal ☒ School ☐ Any Other ☐

If you are registered as an independent and are requesting a Primary Election ballot, you may have a choice of the following:

Democratic ☐ Non-Political ☐

5 Daytime telephone number

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 student who resided in that jurisdiction prior to leaving. Yes ☐ No ☐

MILITARY AND OVERSEAS CITIZENS ONLY:

6 Are you in the Military or Uniformed Services, a spouse or dependent of the same or an Overseas Citizen? Yes ☐ No ☐

If you checked yes, complete this section. **If you checked no, proceed to section #7.**

If you want your ballot sent electronically instead of first class mail, provide your e-mail address below:

*Stateside military voters are required to submit a photocopy of their ID or have this application notarized.

*The notarization of this application can be administered by any commissioned officer in the United States military.

*Overseas military and overseas citizen voters are not required to submit a photocopy of their ID.

*All military and overseas voters may submit your signed application for absentee ballot by fax or e-mail.

7 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 attached **OR**

☐ 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)

Notary signature_____

My commission expires _____

Voter's Signature Required

Date: _____/_____/_____

Month / Day / Year

AUTHORIZED MESSENGER REQUEST DUE TO SICKNESS OR DISABILITY ONLY: The deadline to request is 3:00 p.m. on Election Day.

8 As a registered voter, I authorize...

Last Name	First Name	Daytime telephone	
Address	Apt. or Lot #	City, State	Zip Code

...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.

Voter's Signature

As the authorized messenger, I acknowledge receipt of the ballot for the above named voter on...

Date: _____ Time:_____

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

Authorized Messenger's Signature