South Dakota
Voter Registration Form
_____ County

Use this form to: Register to vote or report a name, address, or party change.

Please print. Complete the entire form. Return this form to your county auditor.

The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you are to vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any private person or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.

Are you a citizen of the United States of America? ☐ Yes ☐ No
Will you be 18 years of age on or before the next election? ☐ Yes ☐ No
If you checked 'No' in response to either of these questions, do not complete this form.

1	Last Name	First Name	Middle Name(s)/Initial		Suffix
2	Residence Address	Apt. or Lot #	City	State	Zip Code
3	Mailing Address (if different)		City	State	Zip Code
3a	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				

4	Date of Birth (Required) _____ Month / Day / Year	5	Telephone Number	6	South Dakota Driver License Number (Required) _____ If the person does not have a SD Driver License, provide the last 4 digits of Social Security Number _____
7	Choice of Party	8	Email Address		

Previous Voter Registration Information Required, if applicable:

9	Previous Last Name	First Name	Middle Name(s)		Suffix
10	Previous Address		City	State	Zip Code
11	Previous Driver License Number and State		Previous County		

Would you like to be a precinct election worker on election day? ☐ Yes ☐ No

12 I declare, under penalty of perjury (2 years imprisonment and $4,000 fine), that:
*I am a citizen of the United States of America;
*I actually live at and have no present intention of leaving the above address;
*I will be 18 on or before the next election;
*I have not been judged mentally incompetent;
*I am not currently serving a sentence for a felony conviction; and
*I authorize cancellation of my previous registration, if applicable.

Signature Required

Date: _____/_____/_____
Month / Day / Year

Auditor use only. Agency code: