Voter Registration Application for _____ County

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

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

The deadline for registration is 15 days before any election. Your form must be received by the 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.

Are you a citizen of the United States of America? ☐ Yes ☐ No

Will you be 18 years of age on or before election day? ☐ Yes ☐ No

If you checked 'no' in response to either of these questions, do not complete this form.

Last	First	Middle	Circle one: Jr Sr II III IV
Residence Address	Apt or Lot #	City/Town	State	Zip
Mailing Address (if different)	City/Town	State	Zip
If residence address is a post office box, rural box, or general delivery, you must give the location of your residence:			
Print previous name, if changed:			
South Dakota Driver License Number Required: (if you do not have a valid South Dakota driver license, you must give the last four numbers of your social security number)			
Please register me as a member of the _____Party.	Birth Date Required:	Phone Number:	

I declare, under penalty of perjury (5 years imprisonment and $5,000 fine), that:

* I am a citizen of the United States;
* I maintain my home at 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 which included imprisonment, served or suspended, in an adult penitentiary system.
* I authorize cancellation of my previous registration as written below.

Dated ____/____/_____	Voter Signature:

For county auditor's office use only:

_____	_____	_____	_____	_____	_____	_____	___ ___
Ward	Precinct	Water	Leg	Comm	Township	School	other

Previous Voter Registration Information Required

I wish to be registered as shown above. I was last registered with the following name and address which will be cancelled:

Last	First	Middle	Circle one: Jr Sr II III IV
Previous Address	City/Town	State	Zip
County:	Birth Date:	Driver license number:	
Dated ____/____/_____	Voter Signature:		