



PATIENTVOTING.com

SOUTH DAKOTA

**Did you know you can vote even if you
are hospitalized?**

Visit **PatientVoting.com/south-dakota** or
follow the easy step-by-step instructions

1. Check if you are registered to vote at vote.org or at <https://vip.sdsos.gov/viplogin.aspx>
2. Print and fill out an emergency absentee ballot that is attached or can be found at <https://sdsos.gov/elections-voting/assets/AbsenteeBallotApplication.pdf>
3. Fill out the application.

Be sure to fill out the Authorized Messenger Request at the bottom

4. Your authorized messenger must drop off your absentee application at your county election official's office before 3PM on election day

A link to the addresses of the county election officials address is at <https://sdsos.gov/contact-us/county-auditors.aspx>

5. VOTE!

For More Information

For more information visit
PatientVoting.com
or
email patientvoting@gmail.com

Board of Elections

Website: <https://sdsos.gov/elections-voting/voting/absentee-voting.aspx>
PHONE: 605-773-3537



South Dakota Absentee Ballot Application Form

_____ County

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: If your address changes after this is submitted, you must submit a new form

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

If you are registered as an independent/no party affiliation and are requesting a Primary Election ballot, you may have a choice of the following:

☐ Democratic ☐ Libertarian ☐ Non-Political (You can only mark one selection.)

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. <input type="checkbox"/> YES <input type="checkbox"/> NO I am a full-time student who resided in that jurisdiction prior to leaving. <input type="checkbox"/> YES <input type="checkbox"/> NO	
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MILITARY AND OVERSEAS CITIZENS ONLY:

☐ YES ☐ NO - I am a member of the Uniformed Services or Merchant Marine on active duty

☐ YES ☐ NO - I am an eligible spouse or dependent of a member of the Uniformed Services or Merchant Marine on active duty

☐ YES ☐ NO - I am a U.S. citizen residing outside the United States

If you checked no for all questions, proceed to section #7.

If you would like your ballot sent electronically (for Primary and General Elections ONLY) instead of first class mail, provide your e-mail address:

6	E-mail address (MILITARY AND OVERSEAS CITIZENS ONLY):
*An overseas military, overseas citizen, or stateside military, a spouse or dependent of the same, voter is not required to submit a photocopy of the voter's ID.	
*Any military and overseas voter may submit a signed application for absentee ballot by fax or e-mail.	

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.

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

Notary Signature _____

My commission expires _____

Voter's Signature (required)

Voter's Date of Signing (required): ____/____/____
Month / Day / Year

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

As a registered voter, I authorize...				
Last Name		First Name		Daytime telephone
Address		Apt. or Lot #	City, State	Zip Code
8	...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.		As the authorized messenger, I acknowledge receipt of the ballot for the above named voter on...Date: _____Time: _____	
Voter's Signature			Are you serving as an authorized messenger for any other voter? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Authorized Messenger's Signature				