

South Dakota Voter Registration Form - Pennington County

Use this form to: ★ Register to Vote ★ Report a Change: name, address, or party

Please print. Complete entire form. Return this form to the Pennington 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 the Pennington County Auditor. Any private person or entity registering voters is required to provide you with their contact information. If you need assistance in completing this form, contact our office at 605-394-2153. For more information, visit www.sdsos.gov

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

1	Last Name	First Name	MI/Name	Suffix
2	Residential Address	Apt or Lot#	City	State SD
3	Mailing Address (if different)		City	State Zip

3a If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:

4 Birth Date (Required) ____/____/____ month / day / year	5 Telephone Number	6 South Dakota Driver License Number (Required) _____
7 Choice of Party - See information in the box below:	8 Email Address	If you do not have a current SD Driver License, provide the last 4 digits of your Social Security Number _____

Choice of Party Information: If you are currently registered to vote and you leave the choice of party field blank, you will remain registered with your current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered as an independent/no party affiliation voter, which is not a political party in South Dakota.

Previous Voter Registration Information Required Below. Use this section to cancel your previous voter registration.

9	Previous Last Name	First Name	MI/Name	Suffix
10	Previous Address		City	State Zip
11	Previous Driver License Number and State	Previous County	Date of Birth (Required)	

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 \$4000 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.	<div style="border: 2px solid black; height: 80px; width: 100%;"></div> Signature Required Date: ____/____/____ Month / Day / Year
----	--	--