

South Dakota Voter Cancellation Form

To cancel your voter record in South Dakota's Statewide Voter Registration System, complete and sign this form, and <u>return it to your County Auditor</u>.

County contact information may be found here: https://vip.sdsos.gov/CountyAuditors.aspx

Voter's Printed Name: _____ Middle Last Phone Number Date of Birth: Residential Address: Street Address City, State, and Zip Code Last Four Digits of SSN: AND Driver's License #/Non-Driver ID #: I hereby request the above voter be removed from the South Dakota list of registered voters for **one** of the following reasons: I, the undersigned, have moved out of state (requires voter's signature or mark); I, the undersigned, request that my name be removed (requires voter's signature or mark); The voter is deceased (requires obituary or death certificate). Signature* Phone / Email if County has Questions If not voter, relationship to voter *If your registered name is different from your current name, please sign both last names. I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that I am the voter listed above or I am submitting true and correct information about a deceased voter.

Please sign, date, and return this form to your county election official via mail or in-person.

Electronic submissions are not allowed.