

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	First		Middle	Last
Date of Birth:		/	Phone	Number
	MM DI) \	YYY	
Residential Address:				
	Street Address			
	City, State, and	d Zip Code		
Last Four Digits of SSN	J: AN	ID Dri	ver's License #/Nc	on-Driver ID #:
ollowing reasons:	ve moved out of sta			_
	quest that my name	ete (require	s voter's signature o	or mark);
I, the undersigned, ha I, the undersigned, red The voter is deceased	quest that my name	ete (require	s voter's signature or sed (requires voter's rtificate).	
I, the undersigned, ha I, the undersigned, red The voter is deceased Signature*	quest that my name	ete (require	s voter's signature of the contract of the con	or mark); signature or mark);
I, the undersigned, ha I, the undersigned, red The voter is deceased	quest that my name	ete (require	s voter's signature of the contract of the con	or mark);
I, the undersigned, ha I, the undersigned, red The voter is deceased Signature*	quest that my name (requires obituary of	ate (require e be remove or death ce —	s voter's signature of the definition of the def	or mark); signature or mark); if County has Questions

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

Electronic submissions are not allowed.