# South Dakota
# Voter Cancellation Form

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

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 DD YYYY

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* Date

_____ _____
If not voter, relationship to voter Phone / Email if County has Questions

**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.

2023