



## South Dakota Voter Registration Secured Active Designation Cancellation

Please print and complete the entire form. Return the completed application by email, fax, mail, or in person to the address listed below:

Office of the Secretary of State  
Attn: Elections Division  
500 East Capitol Avenue, Suite 204  
Pierre, SD 57501

### Applicant Information:

Last Name		First Name		Middle Name(s)/Initial		Suffix	
Residence Address			Apt. or Lot #	City		State	Zip Code
Mailing Address (if different)				City		State	Zip Code
Date of Birth Month / Day / Year		Telephone Number			Email Address (optional)		

### Cancellation Request:

I request to have the secured active designation removed from my voter information included in the master registration file.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application