



South Dakota Voter Registration Secured Active Designation Application

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)		

I AFFIRM THAT: *(Check applicable box)*

I have obtained an active protection order under South Dakota Codified Law chapter 25-10 or 22-19A.

OR

I currently reside in a shelter established pursuant to South Dakota Codified Law chapter 25-10. *(Authorization below must be signed by an official of the shelter)*

Signature of Authorized Shelter Official

Name of Qualifying Shelter

PLEASE NOTE: If you are not currently registered to vote in South Dakota, please also complete and attach the South Dakota Voter Registration form to this application.

Signature of Applicant

Date of Application