

NOTICE OF SIOUX COUNTY ABSENTEE/ MAIL BALLOT APPLICATION

Applications for absentee/mail ballots were mailed from the office of the County Auditor on September 18, 2026. Persons not receiving an application may obtain one from the offices of the Sioux County Auditor or at the following website: vote.nd.gov.

IN WITNESS WHEREOF, I have hereunto set my hand and the Seal of Sioux County at Fort Yates, North Dakota, this September 25, 2026.

Angela Eagle
Sioux County Auditor

 ABSENTEE/MAIL BALLOT APPLICATION SECRETARY OF STATE SFN 51488 (10-2023)	For Office Use Only Precinct Part _____				
For reference, see North Dakota Century Code, Chapter 16.1-07.					
Application must be for at least one of the following elections: (check all that apply)					
☐ June (Primary) election ☐ City or city special election ☐ State or county special election ☐ November (General) election ☐ School or school special election					
Applicant Information: (ALL FIELDS REQUIRED)					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Voter's name</td> <td style="width: 20%;">Date of birth</td> <td style="width: 40%;">Daytime telephone number</td> </tr> </table>		Voter's name	Date of birth	Daytime telephone number	
Voter's name	Date of birth	Daytime telephone number			
North Dakota ID type used: (check one)					
☐ Driver's license ☐ Non-driver's ID ☐ Long-term care certificate (include with application) ☐ Tribal ID ☐ Passport (only for voters living outside the United States) or military ID** ☐ Applicant without ID*					
ID number (required only if driver's license, non-driver's ID, tribal ID, passport, or military ID is selected above)					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Residential address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 40%;">ZIP code</td> </tr> </table>		Residential address	City	State	ZIP code
Residential address	City	State	ZIP code		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Ballot delivery address (if different from residential address)</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 40%;">ZIP code</td> </tr> </table>		Ballot delivery address (if different from residential address)	City	State	ZIP code
Ballot delivery address (if different from residential address)	City	State	ZIP code		
I do solemnly affirm that I have resided or will reside in the precinct where my residential voting address is located for at least 30 days next preceding the election and will be a qualified elector of the precinct.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature (required)</td> <td style="width: 40%;">Date</td> </tr> </table>		Signature (required)	Date		
Signature (required)	Date				
Applicant Unable to Sign:					
If the applicant is unable to sign the applicant's name, the applicant shall mark ☐ or use the applicant's signature stamp on the application in the presence of a disinterested individual. The disinterested individual shall print the name of the individual marking the "X" or using the signature stamp below the "X" or signature and shall sign the disinterested individual's own name following the printed name together with the notation, "witness to the mark."					
<input style="width: 40px; height: 40px; border: 1px solid black;" type="checkbox"/> Voter's Mark	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;">Printed name of person making mark or voter's signature stamp</td> </tr> <tr> <td style="height: 20px;">Signature of "witness to the mark"</td> </tr> </table>	Printed name of person making mark or voter's signature stamp	Signature of "witness to the mark"		
Printed name of person making mark or voter's signature stamp					
Signature of "witness to the mark"					
*Applicant Without ID:					
If the applicant does not possess or cannot secure an approved form of identification due to a disability with which the individual lives and which prevents the individual from traveling to obtain, another qualified elector of the state may attest that the applicant is a qualified elector of that precinct by signing below and providing his or her approved North Dakota identification number. NOTE: A qualified elector may not attest the qualifications of more than four applications in an election.					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Printed name of attester</td> <td style="width: 50%;">Driver's / non-driver's / tribal ID number</td> </tr> <tr> <td style="width: 50%;">Signature of attester</td> <td style="width: 50%;">Date Daytime telephone number</td> </tr> </table>		Printed name of attester	Driver's / non-driver's / tribal ID number	Signature of attester	Date Daytime telephone number
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Signature of attester	Date Daytime telephone number				
**Active Military and Overseas Voter:					
Check ONE (if applicable):					
☐ Citizen living outside of the United States ☐ Uniformed service or family member living away from the voter's residence, yet within the United States ☐ Uniformed service or family member living away from the voter's residence, yet outside the United States					
If one of the check boxes above applies to you, please indicate your preferred ballot delivery method:					
☐ Mail ☐ Email (provide email address): _____ ☐ Fax (provide fax number): _____					
Mail or submit to the auditor of your county of residence or appropriate election officer (The signature on this affidavit will be compared to the signature on the affidavit on the envelope in which the absentee ballot must be placed.)					