Rosebud Sioux Tribe

VOTER REGISTRATION FORM

NAME: ________________________________________________

(Including Maiden Name or any other name known as)

COMMUNITY OF RESIDENCY: ________________________________

NEW: ______ TRANSFER: ________ TRIBAL ENROLLMENT NO.: ________

ADDRESS: P.O. BOX _______ CITY _______ ZIP _______

PHYSICAL ADDRESS: ___________________________________________

DATE OF BIRTH: ___________________ PHONE: ___________________

HOW LONG HAVE YOU LIVED IN THIS COMMUNITY? ___________________________

COMMUNITY OFFICER VERIFICATION: ________________________________

ARE YOU CURRENTLY REGISTERED IN ANOTHER COMMUNITY? YES _____ NO _____

IF YES, WHICH ONE? _____________________________________________

__________________________________________ DATE

SIGNATURE

ATTEST:
On this ___________________ day of ______________________, 20____, before me, the undersigned RST Election Board Representative or Notary Public, personally appeared the above affiant known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledge that he/she executed the same for the purposes stated herein contained.

(SEAL)

RST Election Board or Notary Public

My Commission Expires: ___________

Pursuant to RST 86-10 Section 302. Registration of Voters, all completed voter registration forms MUST be filed with and submitted to the RST Election Board Office 605.747.3187