

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? _____

SIGNATURE DATE

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