

**CERTIFICATE OF NOMINATION TO FILL VACANCY**

I, THE UNDERSIGNED \_\_\_\_\_ party (county) (state) central committee chairperson, or designee, hereby certify that, in accordance with the laws of South Dakota, \_\_\_\_\_ of \_\_\_\_\_ County, whose mailing address is \_\_\_\_\_ and whose principal residence address is \_\_\_\_\_, was nominated to the office of \_\_\_\_\_ (list the district number, if applicable) in order to fill the vacancy created by the (death) (withdrawal) of \_\_\_\_\_.

(Signed) \_\_\_\_\_  
Chairperson (or designee for multi-county legislative districts)

(State) ( \_\_\_\_\_ County) Central Committee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

(Seal)

\_\_\_\_\_  
Officer Administering Oath

I, \_\_\_\_\_ (print candidate name here exactly as you want it on the election ballot) under oath, declare that I am eligible to seek the office of \_\_\_\_\_, that I am registered to vote as a member of the \_\_\_\_\_ Party, and that if I am a legislative candidate I reside in the district from which I am a candidate. If nominated and elected, I will qualify and serve in that office.

(Candidate Signature) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

(Seal)

\_\_\_\_\_  
Signature of Officer Administering Oath

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Title of Officer Administering Oath

NOTE: The certificate of nomination to fill a vacancy created by the death or withdrawal of a candidate for a single-county legislative district or a county office must be signed by the county party central committee chairperson. For multi-county legislative districts, the certificate must be signed by the state party central committee chairperson or the person designated to conduct the meeting under SDCL 12-6-57. For a statewide office or a presidential elector, the certificate must be signed by the state party central committee chairperson.