## Office of the Kansas Secretary of State **Application for Advance Ballot by Mail**DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



| 1. Affirmation   |  |   |                    |  |
|--|--|---|--------------------|--|
| Affirmation of an Elector of the County of, County of  |  | and State of Kansas Desiring to Vote an Advance Voting Ballot, ss: (where application is completed) |                    |  |
| 2. Voter Identification Requirements   |  |   |                    |  |
| I understand that my current and valid Kansas drive must be provided in order to receive a ballot.   | r's license number or K  | ansas nondriver's indentifi   | cation card number |  |
| Current Kansas driver's license number or nondrive   | r's identification card nu   | ımber:  |                    |  |
| If I do not have a current and valid Kansas driver's I must provide a copy of one of the following forms of  |  |   |                    |  |
| <ul> <li>Driver's license issued by Kansas or another state</li> <li>Nondriver's ID card issued by Kansas or another state</li> <li>U.S. passport</li> <li>Concealed carry of handgun license issued by Kansas or another state</li> </ul> | <ul> <li>Student ID card issued by an accredited Kansas postsecondary</li> </ul> |   |                    |  |
| 3. Personal Information Please print.  |  |   |                    |  |
| Last Name First Name   |  | M.I. Date of Birth (MM/I  | DD/YY)             |  |
| Residential Address  Political Party (To be filled in only when requesting a primary elect  4. Address to Mail Ballot (if different from residential party)  |  | State Republican  | Zip Code           |  |
|  | City   | State   | Zip Code           |  |
| <b>Note:</b> The ballot may be mailed only to the voter's residential or temporary residential address, or to a medical care facility where disability or who lacks proficiency in the English language. Ballot                            | the voter resides. These rest  | rictions do not apply to a voter w  |                    |  |
| 5. Voter Signature Note: False statement on this affin   | rmation is a severity level 9,   | nonperson felony.   |                    |  |
| I do solemnly affirm under penalty of perjury that I a entitled to vote an advance voting ballot and I have (date).  |  |   |                    |  |
| Required Signature of Voter  | Date (MM/DD/YY)  | Phon  | e Number           |  |
| FOR OFFICE USE ONLY Date App. Rec'd.   | Ballot Mailed  | Transmitted by  | _                  |  |