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



1. Affirmation						
	irmation of an Elector of the County of ate of, County of		and State of Kansas Desiring to Vote an Advance Voting Ballot , ss: (where application is completed)			
2. Voter Identification Requir	rements					
I understand that my current an must be provided in order to rec		cense number or Kar	nsas nondr	river's identificati	on card number	
Current Kansas driver's license	number or nondriver's id	entification card num	nber:			
If I do not have a current and various provide a copy of one of the	ne following forms of pho	to identification with	this applica			
<ul> <li>Driver's license issued by Ka</li> <li>Nondriver's ID card issued by</li> <li>U.S. passport</li> <li>Concealed carry of handgun or another state</li> <li>Employee badge or ID document</li> </ul>	/ Kansas or another state	educatio Public a ID card	ID card issue onal institution	n card issued by a go	Kansas postsecondary vernment office	
3. Personal Information Ple	ase print.					
Last Name	First Name		M.I.	Date of Birth (MM/DD/	YY)	
Residential Address		City		State	Zip Code	
Political Party (To be filled in only when  4. Address to Mail Ballot (if o			J Republicar	State	Zip Code	
<b>Note:</b> The ballot may be mailed only to temporary residential address, or to a n disability or who lacks proficiency in the	nedical care facility where the v	oter resides. These restric	tions do not a	apply to a voter who		
5. Voter Signature Note: Fals	e statement on this affirmation	on is a severity level 9, n	onperson fe	lony.		
I do solemnly affirm under pena authorized to sign for the above entitled to vote an advance voti (date)	named voter who has a ng ballot and I have not v	disability preventing	the voter f	rom signing an a	application. I am	
Required Signature of Voter		Date (MM/DD/YY)		Phone Number		
FOR OFFICE US	E ONLY Date App. Rec'd	Ballot Mailed	Transm	iitted by		