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 Require	ements				
I understand that my current and must be provided in order to rec		cense number o	or Kansas nondr	iver's identificat	ion card number
Current Kansas driver's license	number or nondriver's id	dentification care	d number:		
If I do not have a current and various provide a copy of one of th Driver's license issued by Kan Nondriver's ID card issued by U.S. passport Concealed carry of handgun li or another state Employee badge or ID docum	e following forms of phonsas or another state Kansas or another state icense issued by Kansas	oto identification L S G F F III	with this applica	ation in order to ed by an accredited n card issued by a go	receive a ballot. Kansas postsecondary
3. Personal Information Plea	ase print.				
Last Name	First Name	M.I.		Date of Birth (MM/DD/YY)	
Residential Address Political Party (To be filled in only when i	requesting a primary election	City Democr	atic ☐ Republican	State	Zip Code
4. Address to Mail Ballot (if d					
Mailing Address		City		State	Zip Code
Note: The ballot may be mailed only to t temporary residential address, or to a m disability or who lacks proficiency in the	edical care facility where the v	oter resides. These	restrictions do not a	apply to a voter who	
5. Voter Signature Note: False	statement on this affirmati	on is a severity lev	el 9, nonperson fe	lony.	
I do solemnly affirm under penal authorized to sign for the above entitled to vote an advance votin (date).	named voter who has a	disability preve	nting the voter fr	rom signing an	application. I am
Required Signature of Voter	·	Date (MM/DD/YY)		Phone Number	
FOR OFFICE USE	E ONLY Date App. Rec'd.	Ballot Mailed	Transmi	itted by	