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 Cou					-	
2. Voter Identification Require	ments					
I understand that my current and must be provided in order to rece		cense number or Ka	nsas nondri	iver's identification	on card number	
Current Kansas driver's license r	number or nondriver's id	lentification card nun	nber:			
If I do not have a current and val must provide a copy of one of the • Driver's license issued by Kans • Nondriver's ID card issued by I • U.S. passport • Concealed carry of handgun lic or another state • Employee badge or ID docume	e following forms of pho- sas or another state Kansas or another state cense issued by Kansas	to identification with U.S. mi Studen educati Public a ID card	this applica ilitary ID t ID card issue onal institution	ed by an accredited kn card issued by a gov	eceive a ballot. Kansas postsecondary	
3. Personal Information Please	se print.					
Last Name	First Name		M.I.	Date of Birth (MM/DD/Y	Υ)	
Residential Address Political Party (To be filled in only when re 4. Address to Mail Ballot (if di			Republican	State	Zip Code	
Mailing Address		City		State	Zip Code	
Note: The ballot may be mailed only to the temporary residential address, or to a medisability or who lacks proficiency in the E	edical care facility where the v	oter resides. These restri	ctions do not a	apply to a voter who		
5. Voter Signature Note: False	statement on this affirmation	on is a severity level 9, r	nonperson fel	lony.		
I do solemnly affirm under penalt authorized to sign for the above entitled to vote an advance voting (date). Required	named voter who has a	disability preventing oted and will not oth	the voter fr	rom signing an a	pplication. I am	
Signature of Voter		Date (MM/DD/YY)		Phone Number		
FOR OFFICE USE	ONLY Date App. Rec'd.	Ballot Mailed	Transmi	itted by		

Allen County 1 N Washington Iola, KS 66749 Phone: (620) 365-1407 Fax: (620) 365-1441

Butler County 205 W Central Courthouse El Dorado, KS 67042 Phone: (316) 322-4233 Fax: (316) 321-1011

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Garnett, KS 66032

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Fax: (785) 448-3205

100 E 4th

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Atchison, KS 66002-1861

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423 N 5th

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Medicine Lodge, KS 67104

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Ft Scott, KS 66701

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Anthony, KS 67003

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Fax: (620) 842-3455

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410 N Pomeroy

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