APPLICATION FOR AN ADVANCE VOTING BALLOT

Affirmation: Affirmation of an Elector of the County of Sedgwick, and State of Kansas Desiring to Vote an Advance Voting Ballot
State of Kansas, County of Sedgwick, ss:
I do solemnly affirm under penalty of perjury that I am a qualified elector residing at the address listed below, or I am authorized to sign for the below named voter who has a disability preventing the voter from signing an application. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote at the election to be held on ___________ (election date).

A SEPARATE APPLICATION IS REQUIRED FOR EACH ELECTION.

Voter Identification Requirements: I understand that my current and valid Kansas driver’s license number or Kansas nondriver’s identification card number must be provided in order to receive a ballot. Current Kansas driver’s license number or nondriver’s identification card number:

If I do not have a current and valid Kansas driver’s license number or Kansas nondriver’s identification card number, I must provide a copy of one of the following forms of photo identification with this application in order to receive a ballot:

- Driver’s license issued by Kansas or another state
- Nondriver’s ID card issued by Kansas or another state
- U.S. passport
- Concealed carry of handgun license issued by Kansas or another state
- ID card issued by an Indian tribe
- Employee badge or ID document issued by a government office
- U.S. military ID
- Student ID card issued by an accredited Kansas postsecondary educational institution
- Public assistance ID card issued by a government office

Personal Information  Please Print

1. Print Name ____________________________________________ ____________________________________________
   Last First Middle Initial

2. Sedgwick County Street Address __________________________ City __________ State __________ Zip Code __________

3. Political Party (To be filled in only when requesting a primary election ballot): □ Democratic □ Republican

4. Date of Birth __________________________ Voter Signature ____________________________________________________
   Note: False statement on this affirmation is a severity level 9, nonperson felony.

5. Daytime Telephone ______________________________________ X ________________________________________________
   Signature of Voter ______________________________________________ Date __________________________

6. Address to Mail Ballot  (if different from residential address)

   Mailing Address ________________________________________________
   ________________________________________________
   City, State, Zip Code

Note: The ballot may be mailed only to the voter’s residential or mailing address as indicated on the county voter registration list, to the voter’s temporary residential address, or to a medical care facility where the voter resides. These restrictions do not apply to a voter who has an illness, disability or who lacks proficiency in the English language. Ballots cannot be mailed until 20 days before the election.

If Applying for Permanent Advance Voting Status, complete the following section: The nature of my permanent illness or disability is: ___________________________________________________________________

Note: Applicants for permanent advance voter status must have a permanent physical disability or illness or have been diagnosed as having a permanent illness.