



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: [Redacted Box]

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 other 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. _____ X [Redacted Signature Box] _____
Daytime Telephone
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.



PLEASE
PLACE
STAMP
HERE



SEDGWICK COUNTY ELECTION OFFICE
510 N MAIN ST STE 101
WICHITA, KS 67203-3798

