



# SEDGWICK COUNTY ELECTION OFFICE

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SEDGWICKCOUNTY.ORG/ELECTIONS ★ VOTERINFORMATION@SEDGWICK.GOV

## ★ 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** ★ •••••

\_\_\_\_\_  
*Last* *First* *Middle Initial*

\_\_\_\_\_  
*Sedgwick County Street Address* *City* *State* *Zip*

\_\_\_\_\_  
*Political Party (To be filled in only when requesting a primary election ballot):* *Date of Birth* *Daytime Phone Number*  
 Democratic  Republican  Libertarian  Unaffiliated

**Voter Signature** *Note: False statement on this affirmation is a severity level 9, nonperson felony.* *Date*

**Address to Mail Ballot (if different from residential address)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

*Mailing Address (Include City State and Zip)*

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

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