1. Affirmation

Affirmation of an Elector of the County of ____________________ and State of Kansas Desiring to Vote an Advance Voting Ballot
State of ____________________, County of ____________________, ss: (where application is completed)

2. 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
- 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
- ID card issued by an Indian tribe

3. Personal Information

Please print.

______________________________ ______________________________ ____ __________________________
Last Name     First Name     M.I. Date of Birth (MM/DD/YY)

__________________________________________ _______________________ __________ _____________
Residential Address      City    State  Zip Code

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

4. 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.

5. Voter Signature

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

I do solemnly affirm under penalty of perjury that I am a qualified elector residing at the address listed above, or I am authorized to sign for the above 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 ______________________ (date).

Signature of Voter       Date (MM/DD/YY)       Phone Number

FOR OFFICE USE ONLY
Date App. Rec’d. ____________   Ballot Mailed ____________   Transmitted by ____________

Prepared by the Office of Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall, 120 S.W. 10th Avenue, Topeka, KS 66612-1594.
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