

# Application for Advance Voting Ballot

Form  
**AV1**

Affirmation of an Elector of the County of \_\_\_\_\_, and State of Kansas  
Desiring to Vote an Advance Voting Ballot

State of \_\_\_\_\_ County of \_\_\_\_\_  
(where application is completed) (where application is completed)

I do solemnly affirm that I am a qualified elector of the precinct listed below, residing at the address listed below in the county of \_\_\_\_\_, and state of Kansas. 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 \_\_\_\_\_.

My date of birth is \_\_\_\_\_ (month/day/year). Date

**NOTE: IDENTIFICATION REQUIREMENTS FOR FIRST-TIME VOTERS.** I understand that if I am a first-time voter in this county I must provide with this application a copy of a current and valid photo identification, such as a Kansas driver's license, or a copy of a current utility bill, bank statement, paycheck, government check, or other government document that shows my name and address. If I do not provide a copy I understand that I must provide my Kansas driver's license number \_\_\_\_\_ and / or last 4 digits of my Social Security number \_\_\_\_\_.

### \*Mail ballot to:

(Complete if mailing address is different.)

Name

\_\_\_\_\_

Residence

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Ward/Pct/Twp

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Political Party

\_\_\_\_\_

(Complete only when requesting primary election ballots.)

**\*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.**

For office use:

Signature of Voter

X

\_\_\_\_\_

Date App. Rec'd. \_\_\_\_\_

Signature date: \_\_\_\_\_

(month/day/year)

Ballot Mailed \_\_\_\_\_

Voted in Office \_\_\_\_\_

Transmitted by \_\_\_\_\_

Note: False statement on this affirmation is a severity level 9, non-person felony.