Office of the Kansas Secretary of State **Application for Advance Ballot by Mail**DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



1. Affirmation					L
• •		and State of Kansas Desiring to Vote an Advance Voting Ballo			
State of, 0	County of	, ss: (whe	ere applic	cation is comple	eted)
2. Voter Identification Requirement	ents				el più um l'elle¶ elfebe au
I understand that my current and varioust be provided in order to receive		ense number or Kansa	as nondri	ver's identificat	ion card number
Current Kansas driver's license nun	nber or nondriver's id	entification card number	er:		
If I do not have a current and valid have provide a copy of one of the fo					
 Driver's license issued by Kansas Nondriver's ID card issued by Kan U.S. passport Concealed carry of handgun licens or another state Employee badge or ID document i 3. Personal Information Please pages of the property of th	sas or another state se issued by Kansas ssued by a government of	educationa Public assi ID card iss	card issue al institution stance ID d ued by an I	card issued by a go	
Last Name	First Name		M.L.	Date of Birth (MM/DD	YY)
Residential Address		City		State	Zip Code
Political Party (To be filled in only when requ	aatina a neiman, alaatiaa b	_	مممالطييم	o.u.o	2.p 0000
4. Address to Mail Ballot (if diffe	rent from residentia	l address)	· · · ·	State	Zip Code
Note : The ballot may be mailed only to the v temporary residential address, or to a medic disability or who lacks proficiency in the Engl	al care facility where the vo	oter resides. These restriction	ns do not a	pply to a voter who	
5. Voter Signature Note: False sta	tement on this affirmatio	n is a severity level 9, non	person fel	ony.	1
I do solemnly affirm under penalty of authorized to sign for the above nar entitled to vote an advance voting b	ned voter who has a	disability preventing the	e voter fr	om signing an	application. I am
Required Signature of Voter		Date (MM/DD/YY)		Phone Number	

FOR OFFICE USE ONLY Date App. Rec'd. _____ Ballot Mailed _____ Transmitted by _