

Instructions

Any registered voter who has a temporary illness or disability or who is not proficient in reading the English language may request assistance from another person in applying for, marking or returning the voter's advance voting ballot. This affidavit must be completed by the person rendering assistance to the voter. Any such person who knowingly and willfully fails to sign and submit the statement on this form or who exercises undue influence on the voting decision of the voter shall be guilty of a severity level 9 nonperson felony. K.S.A. 25-1124(e)

1 Person Providing Assistance

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Residential Address	City	Zip

2 Advance Voter Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Residential Address	City	Zip

3 Signature of Person Providing Assistance

I hereby declare under penalty of perjury that I have been requested to provide assistance in marking and/or transmitting the enclosed ballot of the above named voter. I further declare that I have not exercised undue influence and have marked the ballot as instructed by the voter to whom the ballot was issued.

SIGN IN THIS BOX

Date ____ / ____ / ____
Month Day Year