

Application for Permanent Advance Voting Status

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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. Applying for Permanent Advance Voting Status

Applicants for permanent advance voting status must have a permanent physical disability or illness or have been diagnosed as having a permanent illness. The nature of my permanent disability or illness is:

3. Voter Identification Requirements

The voter identification requirement must be met one time, when applying for permanent advance voting status. Voters who are 65 years or older may use expired photographic identification documents.

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 one of the following forms of 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

4. Personal Information **Please print.**

Last Name

First Name

M.I.

Date of Birth (MM/DD/YY)

Residential Address

City

State

Zip Code

5. 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.

6. 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. I further affirm that I will not vote more than once at any election.

Required

Signature of Voter

Date (MM/DD/YY)

Phone Number

FOR OFFICE USE ONLY Date App. Rec'd. _____