

Application for Permanent Advance Voting Status

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FORM
AV2

1 Affirmation

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

Application completed in _____,
County State

2 Applying for Permanent Advance Voting Status

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

2 First-Time Voter Identification Requirements

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:

Current Kansas driver's license number: _____

OR the last 4 digits of your Social Security number: X X X - X X - _____

3 Personal Information

Last Name First Name Middle Name

Date of Birth ___ / ___ / _____ Phone Number (___) - ___ - _____

Residential Address City State Zip

Political Party Democrat Republican

4 Mailing Address (if different from residential address)

Mailing Address City State Zip

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.

5 Voter Signature

I do solemnly affirm that I am a qualified elector of the precinct listed above, residing at the address listed above. 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 ___ / ___ / _____ .
Month Day Year

SIGN IN THIS BOX

Date ___ / ___ / _____
Month Day Year

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

FOR OFFICE USE ONLY Date App. Rec'd. _____ Ballot Mailed _____ Voted in Office _____ Transmitted by _____