

Office of the Kansas Secretary of State
Combined Application for Advance Voting Ballot
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Please Return to :
Nemaha Co. Clerk's Office
P.O. Box 186 607 Nemaha
Seneca, Ks. 66538
Phone: 785-336-2170
Fax: 785-336-3373

FORM
AV1C

1. Affirmation

Affirmation of an Elector of the County of Nemaha and State of Kansas Desiring to Vote an Advance Voting Ballot
State of Kansas, County of Nemaha, ss: (where application is completed)

2. Ballot Type & Requirements Please select one.

By Mail 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. If I do not have either, I must provide a copy of one of the forms of identification listed to the right with this application in order to receive a ballot.

Current Kansas driver's license number or nondriver's ID card number

Valid Photo ID Documents

- 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
- ID card issued by an Indian tribe

In Person I understand that I must provide one of the forms of photo identification listed to the right.

3. Personal Information Please print.

Last Name _____ First Name _____ M.I. _____ Date of Birth (MM/DD/YY) _____
Residential Address _____ City _____ State _____ Zip Code _____
Political Party (To be filled in only when requesting a primary election ballot): Democratic Republican

4. 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.

5. 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 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 August 7, 2018 (date).

Required

Signature of Voter _____ Date (MM/DD/YY) _____ Phone Number _____

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