

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



**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

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

**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

**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 November 6, 2018 (date).

**Required**

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

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