Office of the Kansas Secretary of State

Combined Application for Advance Voting Ballot

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Please complete the form, sign and send to the Kansas Secretary of State. Selecting "Print" will print the form and "Reset" will reset the entire form.

FORM AV1C

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. 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 8, 2016 (date).

Required

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

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

Prepared by the Office of Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall, 120 S.W. 10th Avenue, Topeka, KS 66612-1594.
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