

## APPLICATION FOR AN ADVANCE VOTING BALLOT

**AFFIRMATION**

State of Kansas, County of Sedgwick, ss:

I do solemnly affirm under penalty of perjury that I am a qualified elector residing at number and street and in the city or township printed below, in the County of Sedgwick, and State of Kansas. 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 \_\_\_\_\_ (election date).

**A SEPARATE APPLICATION IS REQUIRED FOR EACH ELECTION.**

**VOTER IDENTIFICATION REQUIREMENTS**

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 a copy of 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

**PERSONAL INFORMATION** *Please Print*

1. Print Name \_\_\_\_\_  
Last First Middle Initial

2. \_\_\_\_\_  
Sedgwick County Street Address City State Zip Code

3. Political Party (To be filled in only when requesting a primary election ballot):  Democratic  Republican 4. \_\_\_\_\_  
Date of Birth

VOTER SIGNATURE **Note: False statement on this affirmation is a severity level 9, nonperson felony.**

5. \_\_\_\_\_ **X** \_\_\_\_\_ **Date**  
Daytime Telephone Signature of Voter

**6. ADDRESS TO MAIL BALLOT** (if different from residential address)

\_\_\_\_\_  
 Street 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.**

7. **If applying for Permanent Advance Voting Status, complete the following section: The nature of my permanent illness or disability is:** \_\_\_\_\_

**Note: Applicants for permanent advance voter status must have a permanent physical disability or have been diagnosed as having a permanent illness.**



PLEASE  
PLACE  
STAMP  
HERE



SEDGWICK COUNTY ELECTION OFFICE  
510 N MAIN ST STE 101  
WICHITA, KS 67203-3798

