Office of the Kansas Secretary of State

Application for Advance Ballot by Mail DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



State of	otor of the County of, County of	and State of Ka , ss: (w		-
2. Voter Identifica	tion Requirements		* * * * * * * * * * * * * * * * * * * *	. "
-	y current and valid Kansas driver order to receive a ballot.	's license number or Kan	sas nondriver's identifi	ication card number
Current Kansas driv	er's license number or nondriver	s identification card numl	ber:	
	rrent and valid Kansas driver's lic			
 Nondriver's ID U.S. passport Concealed carror another state 	e issued by Kansas or another state card issued by Kansas or another state ry of handgun license issued by Kansas e ge or ID document issued by a governme	educational institution Public assistance ID card issued by a government office ID card issued by an Indian tribe ment office		
3. Personal Inform	nation Please print.	n mantin number number. P		
ast Name	First Name		M.J. Date of Birth (MM	I/DD/YY)
		O'h-	State	Zip Code
esidential Address		City		
	d in only when requesting a primary electi	-	Republican	
Political Party (To be filled	d in only when requesting a primary electi	on ballot): Democratic	Republican	
Political Party (To be filled		on ballot): Democratic	Republican	Zip Code
Political Party (To be filled 4. Address to Mail Italiang Address Note: The ballot may be a semporary residential address		on ballot): Democratic D ntial address) City ailing address as indicated on the voter resides. These restrictions	State ne county voter registration ons do not apply to a voter w	list, to the voter's
4. Address to Mail falling Address Note: The ballot may be remporary residential additionability or who lacks pro-	Ballot (if different from resider	on ballot): Democratic Dential address) City ailing address as indicated on the voter resides. These restrictions and the mailed until 20 days in the control of the cont	State ne county voter registration ons do not apply to a voter of	list, to the voter's
4. Address to Mail dailing Address Note: The ballot may be a comporary residential additionability or who lacks proceed to solemnly affirm authorized to sign for	mailed only to the voter's residential or males, or to a medical care facility where the officiency in the English language. Ballots	on ballot): Democratic Denotial address) City ailing address as indicated on the voter resides. These restriction cannot be mailed until 20 days in the address as severity level 9, not a qualified elector residing a disability preventing the	State ne county voter registration ons do not apply to a voter reference the election. nperson felony. ng at the address listence voter from signing as	list, to the voter's who has an illness, d above, or I am an application. I am
4. Address to Mail Mailing Address Note: The ballot may be a emporary residential add disability or who lacks pro 5. Voter Signature do solemnly affirm authorized to sign for	mailed only to the voter's residential or males, or to a medical care facility where the ficiency in the English language. Ballots a Note: False statement on this affirm under penalty of perjury that I among the above named voter who has divance voting ballot and I have not	on ballot): Democratic Denotial address) City ailing address as indicated on the voter resides. These restriction cannot be mailed until 20 days in the address as severity level 9, not a qualified elector residing a disability preventing the	State ne county voter registration ons do not apply to a voter reference the election. nperson felony. ng at the address listence voter from signing as	list, to the voter's who has an illness, d above, or I am an application. I am

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