Office of the Kansas Secretary of State

Application for Advance Ballot by Mail

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Fax: 785-527-2668  email: election@republiccounty.org

1. Affirmation

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

2. 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 photo 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
- 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, or I am authorized to sign for the above named voter who has a disability preventing the voter from signing an application. 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 ________________ (date).

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 the Secretary of State, 1st Floor, Memorial Hall, 120 S.W. 10th Avenue, Topeka, KS 66612-1594. KSA 25-1122d(a). Rev 9/24/19 tc