



# APPLICATION FOR ADVANCE VOTING BALLOT

Form  
AV1

Affirmation of an Elector of the County of Shawnee, and State of Kansas Desiring to Vote an Advance Voting Ballot

State of Kansas: }  
County of Shawnee } ss:

**RETURN APPLICATION TO:** Shawnee County Election Office  
911 SW 37<sup>th</sup> Street Topeka, KS 66611-2378  
Phone (785) 266-0285 FAX (785) 266-0299

I do solemnly affirm that I am a qualified elector of the precinct listed below, residing at the address listed below in the county of Shawnee, 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 \_\_\_\_\_. **My date of birth is** \_\_\_\_\_ (month/day/year).

**NOTE: IDENTIFICATION REQUIREMENTS FOR FIRST-TIME VOTERS.** I understand that if I am a first-time voter in this county I must provide with this application a copy of a current and valid photo identification, such as a Kansas driver's license, or a copy of a current utility bill, bank statement, paycheck, government check, or other government document that shows my name and address. If I do not provide a copy I understand that I must provide my **Kansas driver's license number** \_\_\_\_\_ **and/or last 4 digits of my Social Security number** \_\_\_\_\_.

**VOTER INFORMATION:**

**\*MAIL BALLOT TO:**

(Complete if mailing address is different.)

**Name** \_\_\_\_\_  
**Residence** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Ward/Pct/Twp** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Political Party** \_\_\_\_\_  
(Complete only when requesting primary election ballots.)

\*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.

**SIGNATURE OF VOTER**   X   \_\_\_\_\_ **SIGNATURE DATE:** \_\_\_\_\_  
(Month/Day/Year)

Note: False statement on this affirmation is a severity level 9, non-person felony. K.S.A. 25-1122d(a)

**AFFIDAVIT OF ASSISTANCE**

**AV5**

**Note:** This form must be completed by a person who assists a sick, physically disabled or illiterate voter in applying for or marking an advance voting ballot. Any such person who knowingly and willfully fails to sign and submit the statement on this form or who exercises undue influence on the voting decision of the voter shall be guilty of a severity level 9 nonperson felony. K.S.A.25-1124(e)

"I hereby declare under penalty of perjury that I have rendered assistance in marking and/or transmitting the enclosed ballot of the above named voter. I further declare that I have not exercised undue influence and have marked the ballot as instructed by the sick, physically disabled or illiterate voter to whom the ballot was issued." K.S.A.25-1124(e)

**PERSON PROVIDING ASSISTANCE:**

**Name** \_\_\_\_\_  
**Residence** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Signature**   X   \_\_\_\_\_

For office use:  
Request # \_\_\_\_\_ Sent \_\_\_\_\_ VIO \_\_\_\_\_