Save time! Email your completed application to: electionoffice@snco.us

# Application for Advance Voting Ballot

Return To: Shawnee County Election Office
3420 SW Van Buren St, Topeka KS 66611
Fax: 785-251-5999 Phone: 785-251-5900

For Office Use
Voter's label here

FORM **AV1M**

## 1. Affirmation

Affirmation of an Elector of the County of Shawnee and State of Kansas Desiring to Vote an Advance Voting Ballot
State of _____, County of _____, 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. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote at the _____General_____election to be held on___November 8, **2016**.____

Required _____ _____ _____
Signature of Voter Date (mm/dd/yy) Phone Number

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

Prescribed by the Office of Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall,
Topeka, KS 66612-1594. KSA 25-1122d(a). Rev 10/29/16 mrb