

Application for Permanent Advance Voting Status

Return To: Shawnee County Election Office
3420 SW Van Buren St, Topeka, KS 66611
Fax: 785-251-5999 Phone: 785-251-5900 Email: electionoffice@snco.us

FORM
AV2

1. Affirmation

Affirmation of an Elector of the County of Shawnee and State of Kansas Applying for Permanent Advance Voting Status
State of _____, County of _____, ss: (where application is completed)

2. Applying for Permanent Advance Voting Status

Applicants for permanent advance voting status must have a permanent physical disability or illness or have been diagnosed as having a permanent illness. The nature of my permanent disability or illness is:

3. Personal Information

Please print.

Last Name

First Name

M.I.

Residential Address

City

State

Zip Code

Political Party: Democratic Republican

Date of birth: _____

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 further affirm that I will not vote more than once at any election.

Required

Signature of Voter

Date (MM/DD/YY)

Phone Number

FOR OFFICE USE ONLY Date App. Rec'd. _____

Prescribed by the Office of Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall, Topeka, KS 66612-1594.

KSA 25-1122d(c). Rev 7/19/18 JRH

Instructions

Any registered voter who has a temporary illness or disability or who is not proficient in reading the English language, or any voter who has a disability preventing the voter from signing an application or the form on an advance voting ballot envelope may request assistance from another person in applying for, marking or returning the voter's advance voting ballot, or in signing an application or the form on the ballot envelope if the voter has a disability preventing the voter from signing. This affidavit must be completed by the person rendering assistance to the voter. 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)

1 Person Providing Assistance

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Residential Address	City	Zip

2 Advance Voter Information

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Residential Address	City	Zip

3 Signature of Person Providing Assistance

I hereby declare under penalty of perjury that I have been requested to provide assistance in marking and/or transmitting the enclosed ballot of the above named voter, or to sign for the above named voter who has a disability preventing the voter from signing an application or advance voting ballot form. I further declare that I have not exercised undue influence and have marked the ballot as instructed by the voter to whom the ballot was issued.

SIGN IN THIS BOX

Date ____ / ____ / ____
Month Day Year