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 Primary election to be held on **August 1, 2017**.

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 01/07/15 mrb