



APPLICATION FOR AN ADVANCE VOTING BALLOT

AFFIRMATION

State of Kansas, County of Sedgwick, ss:

I do solemnly affirm under penalty of perjury that I am a qualified elector residing at number and street and in the city or township printed below, in the County of Sedgwick, 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 Nov. 6, 2018 (election date).

A SEPARATE APPLICATION IS REQUIRED FOR EACH ELECTION.

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 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

PERSONAL INFORMATION Please Print

1. Print Name _____
Last First Middle Initial

2. _____
Sedgwick County Street Address City State Zip Code

3. Political Party (To be filled in only when requesting a primary election ballot): Democratic Republican 4. _____
Date of Birth

VOTER SIGNATURE Note: False statement on this affirmation is a severity level 9, nonperson felony.

5. _____ X _____
Daytime Telephone Signature of Voter Date

6. ADDRESS TO MAIL BALLOT (if different from residential address)

Street 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.

7. If applying for Permanent Advance Voting Status, complete the following section: The nature of my permanent illness or disability is: _____

Note: Applicants for permanent advance voter status must have a permanent physical disability or have been diagnosed as having a permanent illness.

Historic Courthouse ★ 510 North Main, Suite 101, Wichita, Kansas 67203
Telephone Phone: 316-660-7100 ★ Fax: 316-660-7125 ★ www.sedgwickcounty.org/elections



PLEASE
PLACE
STAMP
HERE



SEDGWICK COUNTY ELECTION OFFICE
510 N MAIN ST STE 101
WICHITA, KS 67203-3798

