

# APPLICATION FOR ADVANCE VOTING BALLOT

↓ OFFICE USE ONLY - DO NOT WRITE IN THIS BOX ↓

VOTER NO. \_\_\_\_\_ STATUS \_\_\_\_\_ WARD \_\_\_\_\_ PCT \_\_\_\_\_ SCHOOL DIST \_\_\_\_\_  
BALLOT MAILED \_\_\_\_\_ INITIALS \_\_\_\_\_

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

State of Kansas

County of Wyandotte

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 Wyandotte, 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 voting for the first time 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 the 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 \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Political Party \_\_\_\_\_

*Complete only for primary election*

**\*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** \_\_\_\_\_ Date \_\_\_\_\_

### **NOTE: False statement on this affirmation is a severity level 9, nonperson felony.**

Any person or group engaged in the distribution of advance voting ballot applications shall mail, fax or otherwise deliver any application signed by a voter to the county election office within 2 days after such application is signed by the applicant.

THIS FORM ***MUST*** BE RETURNED TO:

WYANDOTTE COUNTY ELECTION OFFICE

850 STATE AVENUE

KANSAS CITY, KANSAS 66101-2502

Phone (913) 573-8500

Fax (913) 573-8580