



# APPLICATION FOR AN ADVANCE VOTING BALLOT

Affirmation of an Elector of the County of Sedgwick and State of Kansas  
Desiring to Vote an Advance Voting Ballot

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 \_\_\_\_\_ (election date). **A**

**SEPARATE APPLICATION IS REQUIRED FOR EACH ELECTION.**

**NOTE: Identification requirements for first-time voters.** I understand that if I am a first-time voter in Sedgwick 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 \_\_\_\_\_ or last 4 digits of my Social Security number \_\_\_\_\_.

1. Print Name \_\_\_\_\_  
Last First Middle Initial

2. \_\_\_\_\_  
Sedgwick County Street Address City State Zip Code

3. My Political Party is \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_  
(For Primary Elections Only)

5. \_\_\_\_\_ **X** \_\_\_\_\_  
Daytime Telephone Signature of Voter Date

6. I desire my ballot to be sent to the following temporary residential address (if different from above):

\_\_\_\_\_  
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.

Note: False statement on this affirmation is a severity level 9, non-person felony.

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