Office of the Kansas Secretary of State Application for Permanent Advance Voting Status DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV



1. Affirmation					
Affirmation of an Elector of the County ofLyon			and State of Kansas Applying for		
Permanent Advance Vo State of <u>Kansas</u>		_			
			, co. (
2. Applying for Perma	anent Advance Votir	ng Status			
Applicants for permane have been diagnosed a	_			-	
3. Personal Informati	on Please print.				
Last Name		First Name			
Residential Address					
City			State	Zip Code	
Political Party: O Der	nocratic () Republic	can	Date of bir	th:	
4. Address to Mail Ba	allot (if different from	residential addre	ess)		
Mailing Address					
City			State	Zip Code	
Note: The ballot may be a voter registration list, to the resides. These restriction English language. Ballots	ne voter's temporary res s do not apply to a vote	sidential address r who has an illn	, or to a medioness, disability	cal care facility wher	e the voter
5. Voter Signature	Note: False statement or	n this affirmation	is a severity l	evel 9, nonperson fe	ony.
I do solemnly affirm und above. I further affirm th		•		_	ldress listed
Required Signature	of Voter	Date	(MM/DD/YY) Phone Number	
	FOR OFFICE USE	ONLY Date App. Rec'd.			