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 of ____________ and State of Kansas Applying for Permanent Advance Voting Status
State of ____________, County of ____________, ss: (where application is completed)

2. Applying for Permanent Advance Voting Status

Applicants for permanent advance voting status must have a permanent physical disability or illness or have been diagnosed as having a permanent illness. The nature of my permanent disability or illness is:
________________________________________________________________________________

3. Personal Information  Please print.

Last Name ____________________________________  First Name __________________________  M.I. ______

Residential Address ________________________________________________________________

City ____________________________  State ______  Zip Code __________

Political Party: ○ Democratic  ○ Republican  Date of birth: ____________________________

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 further affirm that I will not vote more than once at any election.

Signature of Voter ____________________________  Date (MM/DD/YY) ____________  Phone Number ____________

FOR OFFICE USE ONLY  Date App. Rec’d. ____________

Prescribed by the Office of Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall, Topeka, KS 66612-1594, KSA 25-1122d(c). Rev 3/22/12 jdr