

# Application for Advance Voting Ballot

**FAX (913) 791-8931 or (913) 791-8932 or (913) 791-8933**

Mailing Address: Johnson County Election Office, 2101 E Kansas City Road, Olathe, KS 66061

**Election Date:** \_\_\_\_\_

Affirmation of an Elector of the County of Johnson and State of Kansas Desiring to Vote an Advance Voting Ballot State of Kansas, County of Johnson, ss:

I do solemnly affirm that I am a qualified elector residing at the address below in the County of Johnson, 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.

**NOTE: IDENTIFICATION REQUIREMENTS FOR FIRST-TIME VOTERS.** I understand that if I am a first-time voter 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 \_\_\_\_\_ or last 4 digits of my Social Security number \_\_\_\_\_.

## **NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH ELECTION**

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

2. \_\_\_\_\_  
Johnson 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, nonperson felony.

02/2007