

# Application for Advance Ballot by Mail

Return To: Shawnee County Election Office  
3420 SW Van Buren St, Topeka, KS 66611  
Fax: 785-251-5999 Phone: 785-251-5900

For Office Use  
Voter's label here

FORM  
AV1M

## 1. Affirmation

Affirmation of an Elector of the County of Shawnee and State of Kansas Desiring to Vote an Advance Voting Ballot  
State of \_\_\_\_\_, County of \_\_\_\_\_, ss: (where application is completed)

## 2. Voter Identification Requirements

I understand that my current and valid Kansas driver's license number or Kansas nondriver's identification card number must be provided in order to receive a ballot.

Current Kansas driver's license number or nondriver's identification card number: \_\_\_\_\_

If I do not have a current and valid Kansas driver's license number or Kansas nondriver's identification card number, I must provide a copy of one of the following forms of photo identification with this application in order to receive a ballot.

- Driver's license issued by Kansas or another state
- Nondriver's ID card issued by Kansas or another state
- U.S. passport
- Concealed carry of handgun license issued by Kansas or another state
- Employee badge or ID document issued by a government office
- U.S. military ID
- Student ID card issued by an accredited Kansas postsecondary educational institution
- Public assistance ID card issued by a government office
- ID card issued by an Indian tribe

## 3. Personal Information **Please print.**

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

\_\_\_\_\_ Residential Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Political Party (To be filled in only when requesting a primary election ballot):  Democratic  Republican

## 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, or I am authorized to sign for the above named voter who has a disability preventing the voter from signing an application. I am entitled to vote an advance voting ballot and I have not voted and will not otherwise vote at the **General** election to be held on **November 3rd, 2020**.

### Required

\_\_\_\_\_ Signature of Voter \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_ Phone Number \_\_\_\_\_