

APPLICATION FOR ADVANCE VOTING BALLOT

Form AV1

Affirmation of an Elector of the County of STAFFORD, and State of Kansas desiring to Vote an Advance Voting Ballot.

State of _____, County of _____ (where application is completed)

I do solemnly affirm that I am a qualified elector of the precinct listed below, residing at the address listed below in the County of STAFFORD, 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 _____ My date of birth is _____ (DATE)

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 drivers' 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 drivers' license number _____ and/or the last 4 digits of my Social Security number _____.

*Mail ballot to:

(Complete if mailing address is different)

Name _____

Residence _____

City/ST/Zip _____

Ward/Pct/Twp _____

Phone No. _____

Political Party _____ (Complete only when requesting primary election ballots)

*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.

Signature of Voter X _____

Signature Date: _____ (mo/day/yr)

For Office Use Only: Date App. Rec'd _____

Ballot Mailed: _____

Voted in Office: _____

Transmitted by: _____

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