

Office of the Kansas Secretary of State  
**Application for Permanent Advance Voting Status**

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**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, or I am authorized to sign for the above named voter who has a disability preventing the voter from signing an application. I further affirm that I will not vote more than once at any election.

**Required**

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

FOR OFFICE USE ONLY Date App. Rec'd. \_\_\_\_\_