

# 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

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.

1. **Election Date:** \_\_\_\_\_  
(A SEPARATE APPLICATION IS REQUIRED FOR EACH ELECTION)

2. \_\_\_\_\_  
**KANSAS DRIVER'S LICENSE NUMBER OR NONDRIVER'S IDENTIFICATION CARD NUMBER**

A registered voter applying for a mail-in ballot must provide either his/her Kansas driver's license number or non-driver's identification card number.

If you do not have a current and valid Kansas driver's license number or nondriver's identification card number, you must provide a **copy** of one of the following forms of identification with this application:

- Driver's license issued by Kansas or by another state or district of the United States
- State identification card issued by Kansas or by another state or district of the United States
- Concealed carry of handgun license issued by Kansas or another state or district of the United States
- United States passport
- Employee badge or identification document issued by a municipal, county, state or federal government office or agency
- Military identification document issued by the United States
- Student identification card issued by an accredited postsecondary institution of education in Kansas
- Public assistance identification card issued by a municipal, county, state or federal government office or agency

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

4. \_\_\_\_\_  
Johnson County Street Address City State Zip Code

5. My Political Party is \_\_\_\_\_ 6. Date of Birth \_\_\_\_\_  
(For Primary Elections Only)

I do solemnly affirm that I am a qualified elector residing at the address above 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.

**Required**

8. \_\_\_\_\_ 9. \_\_\_\_\_  
Signature of Voter Date Daytime telephone

10. Ballot will be sent to the residential or mailing address on the voter's record, unless a different address is indicated below.

\_\_\_\_\_ City, State, Zip Code  
Street Address

**Note: Ballots cannot be mailed until 20 days before an election. 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.**

11. 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.

(913) 782-3441

Web: [www.jocoelection.org](http://www.jocoelection.org)

Email: [election@jocoelection.org](mailto:election@jocoelection.org)

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