

**Election Office**

Instructions for returning application:

Email: [votebymail@jocogov.org](mailto:votebymail@jocogov.org) | Text: 913-953-9539

Fax: 913-791-8931 | Mail: 2101 E Kansas City Rd, Olathe, KS 66061

Questions? Call 913-715-6800 | [www.jocoelection.org](http://www.jocoelection.org)

<b>1</b>	<p><b>Voter's Name</b> <b>Required</b></p>	Last _____ Middle _____ First _____ Suffix _____
<b>2</b>	<p><b>Date of Birth</b> <b>Required</b></p>	Date of birth <i>(do not write today's date here)</i> _____ MM/DD/YYYY
<b>3</b>	<p><b>ID Requirements</b> <b>Required</b></p>	Kansas Driver's License or ID Number _____ K##-##-####  You must provide either your Kansas driver's license number or nondriver's identification card number. Voters over 65 can provide an expired license number.  If you do not have a current Kansas driver's license or nondriver's ID card, you <b>MUST SUBMIT A COPY</b> of a government-issued <b>photo ID</b> , such as a US passport or ID from another state, with this application. For other valid IDs, call the Election Office.
<b>4</b>	<p><b>Johnson County Address</b> <b>Required</b></p>	Street Address (no P.O. Box) _____ City _____ State _____ Zip _____
<b>5</b>	<p><b>Mailing Address</b> <b>ONLY</b> to have your ballot mailed to a different address than the address above.</p>	Mailing Address _____ City _____ State _____ Zip _____ 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.
<b>6</b>	<p><b>Signature</b> <b>Required</b> <i>Signatures are verified against signature on voter registration record. False statement on this form is a severity level 9, nonperson felony.</i> <b>Sign Here</b> →</p>	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 election to be held on _____ (date).  <div style="border: 1px solid red; width: 500px; height: 60px; margin: 10px 0;"> <span style="color: red; font-size: 2em; position: absolute; top: 10px; left: 10px;">X</span> </div> Date _____
<b>7</b>	<p><b>Election</b> <b>Required</b> <i>You must complete a separate application for each election.</i></p>	(circle one) <b>August Primary</b> <b>November General</b>  Other _____ (use only for special elections)
<b>8</b>	<p><b>Unaffiliated Voters</b> <b>Even-year August election only</b></p>	To request a party ballot during a partisan election, circle one of the following. You will have to sign an affiliation statement on your ballot envelope for your vote to count.  (circle one) <b>Democratic</b> <b>Republican</b> All other voters will receive a ballot for the party on their voter registration record as of June 1.
<b>9</b>	<p><b>Contact information</b></p>	To assist the election office in contacting you in a timely manner if your application is incomplete, please provide the following information.  Phone _____ Email address _____

Ballots cannot be mailed to voters more than 20 days before the election. Completed applications must be received at the Election Office by 5 p.m. central time on the Tuesday prior to the election.

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

Rev. 07/17/2020