

## **Application for Advance Voting Ballot**

Instructions for returning application:

Email: 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

1	Voter's Name	Last	Middle	
_	Required	First	Suffix	
2	Date of Birth Required	Date of birth (do not write today's date here)		MM/DD/YYYY
	ID Requirements Required	Kansas Driver's License or ID Number		
3		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.		
4	Johnson County	Street Address (no P.O. Box)		
4	Address Required	City	State	_ Zip
	Mailing Address ONLY to have your ballot	Mailing Address		
5	mailed to a different address than the address above.	City		Zip
	Signature Required Signatures are verified against signature on voter registration record.	Note: The ballot may be mailed only to the voter's residential or mailing address as ind voter's temporary residential address, or to a medical care facility where the voter resid has an illness, disability or who lacks proficiency in the English language. Ballots cannot	les. These restriction	s do not apply to a voter who
6		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).		
	False statement on this form is a severity level 9, nonperson felony.  Sign Here	×		Date
	Election	(		
7	Required You must complete a separate	(select one) August Primary	November	General
8	application for each election.	Other	(us	e only for special elections)
	Unaffiliated	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.		
	Voters Even-year August	Democratic Republican	U	naffiliated
	election only	All other voters will receive a ballot for the party on their voter registration record as of June 1.		
9	Contact	To assist the election office in contacting you in a timely manner if your application is incomplete, please provide the following information.		
	information	Phone Email address		