GENERAL ELECTION, NOVEMBER 5, 2024

Application for Advance Ballot by Mail



1. Affirmation				
Affirmation of an Elector of the County of LEAVENWORTH State of KANSAS County of LEAVEN		Kansas Desiri	ing to Vote an	Advance Voting Ballot
2. Voter Identification Requirements				
understand that my current and valid Kansas driver's must be provided in order to receive a ballot.	license number or K	ansas nondri	ver's identific	ation card number
Current Kansas driver's license number or nondriver's	identification card nu	ımber:	 	
f I do not have a current and valid Kansas driver's licer must provide a copy of one of the following forms of ph				
 Driver's license issued by Kansas or another state Nondriver's ID card issued by Kansas or another state U.S. passport Concealed carry of handgun license issued by Kansas or another state Employee badge or ID document issued by a government 	 U.S. military ID Student ID card issued by an accredited Kansas postsecondary educational institution Public assistance ID card issued by a government office ID card issued by an Indian tribe 			
3. Personal Information Please print.				
ast Name First Name	M.I. Date of Birth (MM/DD/YY)			
Residential Address	City		State	Zip Code
Political Party (To be filled in only when requesting a primary election 4. Address to Mail Ballot (if different from resident				
Mailing Address	City		State	Zip Code
Note: The ballot may be mailed only to the voter's residential or mail emporary residential address, or to a medical care facility where the disability or who lacks proficiency in the English language. Ballots ca	voter resides. These resi	trictions do not a	pply to a voter w	
5. Voter Signature Note: False statement on this affirmation	tion is a severity level 9	, nonperson fel	ony.	
do solemnly affirm under penalty of perjury that I am a authorized to sign for the above named voter who has a entitled to vote an advance voting ballot and I have not November 5, 2024 (date of General Election).	a disability preventin	g the voter fr	om signing a	n application. I am
Required Signature of Voter	Date (MM/DD/YY)		Phone Number	
FOR OFFICE USE ONLY Date App. Rec'd.	Ballot Mailed	Transmit	tted by	