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FORM AV2

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. _____

Prescribed by the Office of Secretary of State Kris W. Kobach, 1st Floor, Memorial Hall, Topeka, KS 66612-1594.
KSA 25-1122d(c). Rev 7/18/18 tc