Office of the Kansas Secretary of State Application for Permanent Advance Voting Status DOWNLOAD THIS FORM AT WWW.SOS.KS.GOV

ELK COUNTY P.O. Box 606 HOWARD, KS 67349-0606



Affirmation of an Elector of the	e County of	ELK	and State of Kan	sas Applying for Permanent
Advance Voting Status State ofKANSAS	, County of	ELK	, ss: (where applie	cation is completed)
2. Applying for Permanent				
Applicants for permanent adva as having a permanent illness	The nature of	itus must have a perr f my permanent disab	nanent physical disabili pility or illness is:	ty or illness or have been diagnor
3. Personal Information	Please print.			
Last Name		First Name		M.I.
Residential Address				<u>.</u>
City			State Zip C	Code
100 March 100 Ma	tic Repub	lican Date o	SERVE A	code
Political Party: Democrat			SERVE A	code
100 March 100 Ma		lican Date o	SERVE A	code
Political Party: Democrat			SERVE A	code
Political Party: Democrat			f birth:	Code
Political Party: Democrat 4. Address to Mail Ballot Mailing Address City	(if different from	m residential address) idential or mailing address	State Zip Cos as indicated on the county les. These restrictions do no	Code voter registration list, to the voter's tapply to a voter who has an illness,
Political Party: Democrat 4. Address to Mail Ballot Mailing Address City Note: The ballot may be mailed only temporary residential address, or to disability or who lacks proficiency in	(if different from to the voter's res a medical care far the English langu	m residential address) idential or mailing address cility where the voter residence. Ballots cannot be ma	State Zip Cos as indicated on the county les. These restrictions do no	Code voter registration list, to the voter's tapply to a voter who has an illness, election.
A. Address to Mail Ballot 4. Address to Mail Ballot Mailing Address City Note: The ballot may be mailed only temporary residential address, or to disability or who lacks proficiency in 5. Voter Signature Note:	to the voter's res a medical care fa- the English langu	m residential address) idential or mailing address cility where the voter residage. Ballots cannot be may on this affirmation is a second that I am a qualifie	State Zip C s as indicated on the county les. These restrictions do no niled until 20 days before the severity level 9, nonperson d elector, residing at th	voter registration list, to the voter's tapply to a voter who has an illness, election. felony. e address listed above, or I am
A. Address to Mail Ballot 4. Address to Mail Ballot Mailing Address City Note: The ballot may be mailed only temporary residential address, or to disability or who lacks proficiency in 5. Voter Signature Note:	to the voter's res a medical care far the English langu	m residential address) idential or mailing address cility where the voter residage. Ballots cannot be may on this affirmation is a structure of the control	State Zip (s as indicated on the county les. These restrictions do no ailed until 20 days before the severity level 9, nonperson d elector, residing at th ty preventing the voter	Code voter registration list, to the voter's tapply to a voter who has an illness, election.
A. Address to Mail Ballot 4. Address to Mail Ballot Mailing Address City Note: The ballot may be mailed only temporary residential address, or to disability or who lacks proficiency in 5. Voter Signature Note: I do solemnly affirm under perauthorized to sign for the about the solemnic of the about the sign for th	to the voter's res a medical care far the English langu	m residential address) idential or mailing address cility where the voter residage. Ballots cannot be may on this affirmation is a structure of the control	State Zip (s as indicated on the county les. These restrictions do no ailed until 20 days before the severity level 9, nonperson d elector, residing at th ty preventing the voter	voter registration list, to the voter's tapply to a voter who has an illness, election. felony. e address listed above, or I am