

Office of the Kansas Secretary of State  
**Application for Advance Ballot by Mail**

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Saline County Clerk  
300 W Ash St, Room 215  
Salina, KS 67401  
sc.clerk@saline.org  
785-309-5820

FORM  
**AV1M**

Please complete and return  
the application by **October 31,**  
2023.

**1. Affirmation**

Affirmation of an Elector of the County of Saline and State of Kansas Desiring to Vote an Advance Voting Ballot  
State of \_\_\_\_\_, County of \_\_\_\_\_ ss: (where application is completed)

**2. Voter Identification Requirements**

I understand that my current and valid Kansas driver's license number or Kansas nondriver's identification card number must be provided in order to receive a ballot.

Current Kansas driver's license number or nondriver's identification card number: \_\_\_\_\_

If I do not have a current and valid Kansas driver's license number or Kansas nondriver's identification card number, I must provide a copy of one of the following forms of photo identification with this application in order to receive a ballot.

- 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 office
- 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.

\_\_\_\_\_  
Last 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 ballot):  Democratic  Republican

**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 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 November 07, 2023 (date).

**Required**

\_\_\_\_\_  
Signature of Voter Date (MM/DD/YY) Phone Number

FOR OFFICE USE ONLY Date App. Rec'd. \_\_\_\_\_ Ballot Mailed \_\_\_\_\_ Transmitted by \_\_\_\_\_