Office of the Kansas Secretary of State	
Application for Permanent Advance Voting Status	;
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Mail to: Saline County Clerk 300 W Ash St - Rm 215 PO Box 5040 Salina, KS 67402-5040 Email: tammi.cox@saline.org Fax: 785-309-5826

FORM

AV2

1. Affirmation

Affirmation of an Elector of the	e 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:

ast Name	First Name	M.I.
esidential Address		
ity	State	Zip Code
olitical Party: 🗌 Democratic 🔲 Republic	can Date of birth:	
4. Address to Mail Ballot (if different from	residential address)	
lailing Address		
Sity	State	Zip Code
		the equation residential list to the units?
mporary residential address, or to a medical care facil	ity where the voter resides. These restric	tions do not apply to a voter who has an illness,
emporary residential address, or to a medical care facil isability or who lacks proficiency in the English languag	ity where the voter resides. These restric	tions do not apply to a voter who has an illness, s before the election.
Note: The ballot may be mailed only to the voter's residential address, or to a medical care facil emporary residential address, or to a medical care facil iisability or who lacks proficiency in the English language 5. Voter Signature Note: False statement of do solemnly affirm under penalty of perjury authorized to sign for the above named voter urther affirm that I will not vote more than or	ity where the voter resides. These restric ge. Ballots cannot be mailed until 20 days n this affirmation is a severity level 9, r that I am a qualified elector, resid r who has a disability preventing	tions do not apply to a voter who has an illness, s before the election. nonperson felony. ding at the address listed above, or I am
 Solemnly affirm under penalty of perjury suthorized to sign for the above named voted 	ity where the voter resides. These restric ge. Ballots cannot be mailed until 20 days n this affirmation is a severity level 9, r that I am a qualified elector, resid r who has a disability preventing	tions do not apply to a voter who has an illness, s before the election. nonperson felony. ding at the address listed above, or I am