Kansas Secretary of State

Application for Advance Ballot

Return to:
Nemaha Co. Clerk's Office
607 Nemaha
P.O. Box 186
Seneca, Ks. 66538
785-336-2170 Opt. 1 Fax 785-336-3373
nmelect@carsoncomm.com

FORM AV1

1. Affirmation

Affirmation of an Elector of the County of Nemaha and State of Kansas Desiring to Vote an Advance Voting Ballot
State of Kansas, County of Nemaha, 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 in the United States
- U.S. military ID
- Student ID card issued by an accredited Kansas postsecondary educational institution
- Public assistance ID card issued by a government office in the United States
- 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 _____

PRIMARY ELECTION ONLY - Select your current political party affiliation to receive the proper ballot in which you are eligible to vote:
☐ Democratic ☐ Republican ☐ Libertarian ☐ No Labels Kansas ☐ United Kansas ☐ Unaffiliated

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 (False statement on the 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 08/04/2026 (date).

Required

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

Submit completed form to county election office on next page

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