



# Wyandotte County Election Office

## Application for Permanent Advance Voting Status

### Form AV2

#### 1. Affirmation

Affirmation of an Elector of the County of Wyandotte, and State of Kansas applying for Permanent Advance Voting Status.

#### 2. Your Illness or Disability

Applicants for Permanent Advance Voting Status must have a permanent physical disability or have been diagnosed as having a permanent illness. The nature of my permanent disability or illness is:

#### 3. Personal Information

Last Name

First Name

Middle Name

Date of Birth

MM/DD/YYYY

Phone Number (XXX) XXX-XXXX

Residential Address

City

State

Zip

Political Party (Required for August Primary Election ballot **ONLY**)

Democratic

Republican

#### 4. Mailing Address (if different from residential address)

Mailing Address

City

State

Zip

#### 5. Voter Signature

I do solemnly affirm under penalty of perjury that I am a qualified elector of Wyandotte County, KS, 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.

Sign in the box

Note: False statement on this affirmation is a severity level 9 nonperson felony.

Today's Date

MM/DD/YYYY

\*Any person or group engaged in the distribution of advance voting ballot applications shall mail, fax, or otherwise deliver any application signed by a voter to the county election officer within 2 days after such application is signed by the applicant.