

Statement of Federal Services Voter

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Voter Information

Last Name First Name Middle Name

Residential Address City State Zip

Kansas County Federal Service Address (at the time of the below stated election)

Type of Election Election Date ____ / ____ / ____

Voter Signature

I do hereby declare that I am a qualified elector of the state of Kansas, that I have not voted by any other ballot in such election; that I have personally marked the ballot; that I placed it in the ballot envelope; that I have personally sealed this envelope; and that no other person placed any mark upon said ballot.

SIGN IN THIS BOX

Date ____ / ____ / ____
Month Day Year

Federal Services Absent Voter Ballot

County

Ballot No.

(Envelope Front)