Kansas Voter Registration Instructions

For further information, contact the Office of the Secretary of State, 1-800-262-VOTE (8683) V/TTY. This form is available at www.sos.ks.gov.

You can use this application to:

- · register to vote in Kansas
- change your name, address, or affiliation with a political party

To register to vote you must:

- be a U.S. citizen and a resident of the state of Kansas.
- have reached the age of 18 years before the next election.
- have received final discharge from imprisonment, parole, or conditional release if convicted of a felony.
- have abandoned your former residence and/or name.

How to register to vote:

LOCKWOOD ELECTIONS, ATCHISON, KS

- Return your completed application to your county.
- Addresses are on the back of this application. Your county election officer will mail you a notice when your application has been processed.

- Voter registration closes 21 days before any election. In order to be eligible to vote in that election, your application must be postmarked on or before that date.
- If you decline to register to vote, that fact will remain confidential and will be used for voter registration purposes only. If you do register to vote, the office where you apply will be kept confidential and will be used for voter registration purposes only.
- If this form is incomplete, it may be rejected.

Identification number requirements

Enter your current Kansas driver's license number or non- driver's identification card number. If you do not have either one, enter the last four digits of your Social Security number. If you do not have any of these numbers, write "none" in the box. The number will be used for administrative purposes only and will not be disclosed to the public. *K.S.A. 25-2309*

Rev. 1/15/19 to

HAVA-106 (R6/18)

Kansas Voter Registration Application

Warning: If you submit a false voter registration application, you may be convicted and sentenced to up to 17 months in prison.

1. Are you	ons: If you mark "r a citizen of the Un be 18 years of age	ited States	of America?	□Y.	es 🗆 No	complete this for	m.	
Last Name (please print)		First Name			Middle	Jr. Sr. II III	Male Female	
Residential Address (include apt. or space number)			City		County	Zip	Zip	
Mailing Address (if different than residential address)			City		Zip	Date Residence	Date Residence Established (MM/DD/YY)	
Birth Date (MM/DD/YY)	Daytime Phone Number (if available)		Naturalization Number (if applicable)		Driver's License Number or Last 4 Social Security (see instructions)			
Party Affiliation Choose o	ne of the following: Der	nocratic Re	epublican Libertariar	□ Not a	ffiliated with a party	/ □ No Labels Kansa	ıs	
Complete if previously registered (Please print) Previous Name Previous Resident					ial Address (Street, City, State, Zip, County)			
Signature: I swear or affirm to I have had my civil rights res							onvicted of a felony.	
Signature	Date	Date (MM/DD/YY)						
FOR OFFICE USE ONLY: V	VardCoCo	Pct	Section	School Di	st Township_	Member Dist Rar	ige	