Office of the Kansas Secretary of State

Statement of Federal Services Voter

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FORM S1

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)