

Office of the Kansas Secretary of State  
**Affidavit of Assistance**

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**FORM  
AV5**

**Instructions**

Any registered voter who has a temporary illness or disability or who is not proficient in reading the English language, or any voter who has a disability preventing the voter from signing an application or the form on an advance voting ballot envelope may request assistance from another person in applying for, marking or returning the voter's advance voting ballot, or in signing an application or the form on the ballot envelope if the voter has a disability preventing the voter from signing. This affidavit must be completed by the person rendering assistance to the voter. Any such person who knowingly and willfully fails to sign and submit the statement on this form or who exercises undue influence on the voting decision of the voter shall be guilty of a severity level 9 nonperson felony. K.S.A. 25-1124(e)

**1 Person Providing Assistance**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

**2 Advance Voter Information**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Residential Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

**3 Signature of Person Providing Assistance**

I hereby declare under penalty of perjury that I have been requested to provide assistance in marking and/or transmitting the enclosed ballot of the above named voter, or to sign for the above named voter who has a disability preventing the voter from signing an application or advance voting ballot form. I further declare that I have not exercised undue influence and have marked the ballot as instructed by the voter to whom the ballot was issued.

\_\_\_\_\_  
SIGN IN THIS BOX

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

FOR OFFICE USE ONLY Date Affidavit Received \_\_\_\_\_