



DELBERT HOSEMANN  
Secretary of State

# Candidate Petition Independent Candidate

**TO: STATE BOARD OF ELECTION COMMISSIONERS**  
c/o DELBERT HOSEMANN, Secretary of State  
P.O. Box 136  
Jackson, MS 39205-0136

We, the undersigned qualified electors of \_\_\_\_\_ in the  
(District name and number, as applicable)  
State of Mississippi, hereby petition that the name of \_\_\_\_\_ be  
placed upon the ballot of the \_\_\_\_\_ election to be held on \_\_\_\_\_, 20\_\_\_\_  
(General/Special)  
as a candidate for the office of \_\_\_\_\_.

- |                     |                    |
|---------------------|--------------------|
| 1. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 2. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 3. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 4. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 5. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 6. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 7. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 8. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 9. SIGNATURE _____  | Printed Name _____ |
| Address _____       | Precinct _____     |
| 10. SIGNATURE _____ | Printed Name _____ |
| Address _____       | Precinct _____     |

**Copy this form for succeeding pages.**

**The appropriate county registrar must certify signatures on this form.**

The opening paragraph of each page of signatures MUST include:

- (1) The name of the candidate, (2) office sought, AND (3) date of the election.