



DELBERT HOSEMANN
Secretary of State

Candidate Petition Independent Candidate

**TO: STATE BOARD OF ELECTION COMMISSIONERS
c/o SECRETARY OF STATE C. DELBERT HOSEMANN, JR.
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.