Candidate Petition
Independent Candidate

TO ELECTION COMMISSION of _____________________________ County:

We, the undersigned qualified electors of ________________________________________________________,
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 ___________________________________________________________.

(Office sought and District, if applicable)

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.

This petition shall be used only for candidates whose district falls wholly within one county.