



DELBERT HOSEMANN  
Secretary of State

### Candidate Petition Independent Candidate

**TO ELECTION COMMISSION of \_\_\_\_\_ County:**  
We, the undersigned qualified electors of \_\_\_\_\_,  
*(County/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 \_\_\_\_\_.  
*(Office sought and District, if applicable)*

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