



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