

Office of the Mississippi Secretary of State

REGISTERING TO VOTE BY MAIL

NOTE: This application can also be used to transfer your registration when you change your residence address.

· INSTRUCTIONS ·

- Anyone may assist you in completing the enclosed application.
- **To witness this application:** A registered voter of your county (RANKIN) who is not a candidate for public office must complete and sign the "Witness Signature and Certification" portion of this application.
- All required information must be supplied in an easy-to-read manner.
- Be sure to give the **exact location** of your residence since the county must have a street or route address in order to place you in the proper voting precinct.
- If you do not have a telephone at your residence, please give the telephone number of a friend or relative who can reach you.
- The completed application must be mailed or delivered to (Rankin) County's voter registrar at least thirty (30) days before an election in order for you to be registered for that election. Applications which are mailed must be postmarked thirty (30) days prior to any election.
- The penalty for conviction of false registration is a felony punishable by a fine of not more than Five Thousand Dollars (\$5,000) or imprisonment for not more than five (5) years, or both.

• APPLICATION FOR VOTER REGISTRATION BY MAIL •

Please complete the following: (Print or type your name.)

I, _____, hereby apply for registration as a Voter of **Rankin** County, Mississippi.

1. **Full name, including maiden name if you have one:**

(First, Middle and/or Maiden, Last)

2. Male _____

Female _____

3. **Social Security Number:** _____ 4. **Date of Birth:** _____ **Age:** _____

5. **Home Information: (Street address only, NOT P.O. Box)**

(Street and Number) _____

(City, State, Zip) _____

How long have you lived there? From (month/year) to present. _____

Do you now live in a city or town? Yes _____ No _____ If yes, which? _____

Telephone number, if available:

Home phone number _____ Daytime or work phone number _____

6. **Mailing Address:** Give your current mailing address if different from your present home address:

(Box or Street and Number)_____

(City, State, Zip)_____

7. Previous Address: List your most recent address before your present address:

(Box or Street and Number)_____

(City, State, Zip)_____

How long did you live there? From (month/year)_____ to (month/year)_____

8. Latest Registration: Have you ever registered to vote in any other county in Mississippi or in any other state?

Yes_____ No_____ If yes, give the last place you were registered:

(City, County, State)_____

9. Citizenship, Residence, Prior Convictions:

Are you a citizen of the United States? Yes_____ No_____

Are you a resident of this state and county? Yes_____ No_____

Have you ever been convicted of the crime of murder, rape, bribery, theft, arson, obtaining money or goods under false pretenses, perjury, forgery, embezzlement, or bigamy? Yes_____ No_____

If so, what State_____, County_____

Date of conviction_____

10. Will you need assistance on election day? Yes_____ No_____

If yes, for which of the following reasons:

Permanently physically disabled_____

Other (please describe)_____

11. Applicant Signature and Certification:

I certify that I am at least eighteen (18) years old (or I will be before the next general election), that the above information given by me is true and correct and that I have truly answered all questions in the foregoing application for registration, and that I will faithfully support the Constitution of the United States and of the State of Mississippi, and will bear true faith and allegiance to the same.

Applicant sign here:_____

Date:_____

12. Witness Signature and Certification:

I certify that I am a registered voter in Rankin County, Mississippi, that I am not now a candidate for public office, and that the above named applicant signed this application for registration in my presence. I understand that the penalty for knowingly procuring a person's registration who is not entitled to be registered, or is registered under a false name or in any other voting precinct than that in which he resides,

is a fine of not more than Five Thousand Dollars (\$5,000) or imprisonment for not more than five (5) years, or both.

Witness sign here: _____

Full name and address of witness (Print):

Name: _____

Address: (Street and Number) _____

(City, State, Zip) _____

Telephone number, if available:

Home telephone no. _____ Daytime or work telephone no. _____

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**This application for voter registration must be mailed or delivered to Rankin County's registrar of voters, the Circuit Clerk, whose office is in the Courthouse. The mailing address is Carol Swilley, Circuit Clerk
P.O. Box 1599
Brandon, MS 39043**

**DO NOT WRITE IN THIS SPACE
--- FOR OFFICE USE ONLY ---**

Supervisor's District _____

Precinct _____

Miss. House District _____

Miss. Senate District _____

Justice Court & Constable District _____

School District _____

City Ward _____

City Precinct _____