

Absentee Ballot Forms Only

Packet includes:

- State Absentee Ballot Application
- Absentee Ballot Envelopes:
 - For Voters Appearing Before the Circuit Clerk
 - For Voters NOT Appearing Before the Circuit Clerk
 - For Person Having Temporary or Permanent Physical Disabilities
- Federal Post Card Application (FPCA)



DELBERT HOSEMAN
Secretary of State

Type ballot requested: (Choose one)

- ☐ Democratic Primary ☐ Republican Primary ☐ General Election ☐ Special Election
☐ Democratic Runoff ☐ Republican Runoff ☐ General Runoff ☐ Special Runoff

OFFICIAL APPLICATION FOR ABSENTEE ELECTOR'S BALLOT

I, _____, duly qualified and registered in the _____ Precinct of the County of STATE OF MISSISSIPPI, and State of Mississippi, coming with the purview of the definition 'ABSENTEE ELECTOR' will be absent from the county of my residence on election day, or unable to vote in person because (Check appropriate reason):

() (PRESIDENTIAL APPLICANT ONLY): I am currently a resident of Mississippi or have moved therefrom within thirty (30) days of the coming presidential election.

() I am an enlisted or commissioned member, male or female, of any component of the United States Armed Forces and am a citizen of Mississippi, or a spouse or dependent of such a member.

() I am a member of the Merchant Marines or American Red Cross and am a citizen of Mississippi or a spouse or dependent of such a member.

() I am a disabled war veteran who is a patient in any hospital and am a citizen of Mississippi or a spouse or dependent of such a veteran.

() I am a civilian attached to and serving outside of the United States with any branch of the United States Armed Forces or with the Merchant Marines or American Red Cross, and am a citizen of Mississippi or dependent of such a civilian.

() I am a citizen of Mississippi temporarily residing outside the territorial limits of the United States and the District of Columbia.

() I am a student, teacher or administrator at a college, university, junior or community college, high, junior high, elementary or grade school whose studies or employment at such institution necessitates my absence from the county of my voting residence or a spouse or dependent of such a student, teacher or administrator who maintains a common domicile outside the city of my voting residence with such student, teacher or administrator.

() I will be outside the county on Election Day.

() I have a temporary or permanent physical disability.

() I am sixty-five (65) years of age or older.

() I am the parent, spouse or dependent of a person with a temporary or permanent physical disability, who is hospitalized outside his county of residence or more than fifty (50) miles away from his residence, and I will be with such a person on election day.

() I am a member of the congressional delegation, or a spouse or dependent of a member of the congressional delegation.

() I am required to be at work on election day during the times at which the polls will be open.

I hereby make application for an official ballot, or ballots, to be voted by me at the election to be held in _____ County, for the _____ Election.

Mail "ABSENTEE ELECTOR'S BALLOT" to me at the following address: _____

_____. (If eligible to vote by mail).

I realize that I can be fined up to Five Thousand Dollars (\$5,000.00) and sentenced up to five (5) years in the penitentiary for making a false statement in this application and for selling my vote and violating the Mississippi Absentee Voter Law.

If you are temporarily or permanently disabled, you are not required to have this application notarized or signed by an official authorized to administer oaths for absentee balloting. You are required to sign this application in the proper place and have a person eighteen (18) years of age or older witness your signature and sign this application in the proper place.

DO NOT SIGN WITHOUT READING

IN THE WITNESS WHEREOF I have hereunto set my hand and seal this the _____ day of _____, 2____,

(Signature of Absentee Elector)

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 2_____.

(Official authorized to administer oaths for absentee balloting)

(Circuit Clerk)

(Deputy Clerk)

TO BE SIGNED BY A WITNESS FOR VOTERS TEMPORARILY OR PERMANENTLY DISABLED:

I HEREBY CERTIFY that this application for an absentee elector's ballot was signed by the above-named disabled elector in my presence and that I am at least eighteen (18) years of age, this the _____ day of _____, 2____, _____.

(Signature of Witness)

CERTIFICATE OF DELIVERY

I hereby certify that _____ has requested that I, _____
(Print name of voter) (Print name of person delivering application)
deliver to the voter this absentee ballot application. _____
(Signature of person delivering application)

(Address of person delivering application)

Office Use Only

Seal Here

Clerk Init. _____

MARK BALLOT IN INK OR INDELIBLE PENCIL
ABSENTEE BALLOT FOR VOTERS
APPEARING BEFORE THE CIRCUIT CLERK
CHAPTER 528 — LAWS OF 2008
VOTER'S AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF HINDS

Accepted _____
Rejected _____
Pollworker Use Only

I, _____, do solemnly swear that this envelope contains the ballot marked by me indicating my choice of the candidates or propositions to be submitted at the election to be held on the _____ day of _____, 20____, and I hereby authorize the registrar to place this envelope in the ballot box on my behalf, and I further authorize the election managers to open this envelope and place my ballot among the other ballots cast before such ballots are counted, and record my name on the poll list as if I were present in person and voted.

I further swear that I marked the enclosed ballot in secret.

Signature of Voter

YOUR VOTE WILL BE REJECTED AND NOT COUNTED IF THIS ENVELOPE IS NOT SIGNED ACROSS THE FLAP OF THIS ENVELOPE BY YOU AND AN ATTESTING WITNESS.

SWORN TO AND SUBSCRIBED before me, _____

this the _____ day of _____, 20____

(Registrar) _____

CERTIFICATE OF PERSON PROVIDING VOTER ASSISTANCE
(TO BE COMPLETED ONLY IF THE VOTER HAS RECEIVED ASSISTANCE IN MARKING THE ENCLOSED BALLOT) I hereby certify that the above named voter declared to me that he or she is blind, temporarily or permanently physically disabled, or cannot read or write, and that the voter requested that I assist the voter in marking the enclosed absentee ballot. I hereby certify that the ballot preferences on the enclosed ballot are those communicated by the voter to me, and that I have marked the enclosed ballot in accordance with the voter's instructions.

Signature of person providing assistance Printed name of person providing assistance

Address of person providing assistance

Date and time assistance provided Family relationship to voter (if any)

Notice to Absent Elector: Ballots personally cast in the registrar's office, must be cast not later than 12:00 noon on the Saturday immediately preceding elections held on Tuesday, the Thursday immediately preceding elections held on Saturday, or the second day immediately preceding the date of elections held on other days.

MARK BALLOT IN INK OR INDELIBLE PENCIL
**ABSENTEE BALLOT FOR VOTERS NOT APPEARING
BEFORE THE CIRCUIT CLERK
CHAPTER 528 - LAWS OF 2008
VOTER'S AFFIDAVIT**

STATE OF MISSISSIPPI
COUNTY OR PARISH OF HINDS

Accepted _____
Rejected _____
Pollworker Use Only _____

I _____, under penalty of perjury do solemnly swear that this envelope contains the ballot marked by me indicating my choice of the candidates or propositions to be submitted at the election to be held on the _____ day of _____, 20____, and I hereby authorize the registrar to place this envelope in the ballot box on my behalf, and I further authorize the election managers to open this envelope and place my ballot among the other ballots cast before such ballots are counted, and record my name on the poll list as if I were present in person and voted.

I further swear that I marked the enclosed ballot in secret.

Penalties for vote fraud are up to five (5) years in prison and a fine of up to Five Thousand Dollars (\$5,000.00). (Miss. Code Ann. Section 23-15-753). Penalties for voter intimidation are up to one (1) year in jail and a fine of up to One Thousand Dollars (\$1,000.00) (Miss. Code Ann. Section 97-13-37).

Signature of Voter

YOUR VOTE WILL BE REJECTED AND NOT COUNTED IF THIS ENVELOPE IS NOT SIGNED ACROSS THE FLAP OF THIS ENVELOPE BY YOU AND AN ATTESTING WITNESS.

If you have obtained the enclosed ballot by reason of a temporary or permanent physical disability, you are not required to have the following certificate of attesting witness notarized, but it must be signed by a person eighteen (18) years of age or older.

CERTIFICATE OF ATTESTING WITNESS

Under penalty of perjury, I affirm that the above-named voter personally appeared before me, on this the _____ day of _____, 20____, and is known by me to be the person named, and, who, after being duly sworn or having affirmed, subscribed the foregoing oath or affirmation. That the voter exhibited to me his blank ballot; that the ballot was not marked or voted before the voter exhibited the ballot to me; that the voter was not solicited or advised by me to vote for any candidate, question or issue, and that the voter, after marking his ballot, placed it in the envelope, closed and sealed the envelope in my presence, and signed and swore or affirmed the above certificate.

(Signature of person authorized to administer oaths) (i.e. notary)

(Address)

(Official Title)

(City & State)

CERTIFICATE OF PERSON PROVIDING VOTER ASSISTANCE

(TO BE COMPLETED ONLY IF THE VOTER HAS RECEIVED ASSISTANCE IN MARKING THE ENCLOSED BALLOT) I, under penalty of perjury, hereby certify that the above-named voter declared to me that he or she is blind, temporarily or permanently physically disabled, or cannot read or write, and that the voter requested that I assist the voter in marking the enclosed absentee ballot. I hereby certify that the ballot preferences on the enclosed ballot are those communicated by the voter to me, and that I have marked the enclosed ballot in accordance with the voter's instructions.

Penalties for vote fraud are up to five (5) years in prison and a fine of up to Five Thousand Dollars (\$5,000.00). (Miss. Code Ann. Section 23-15-753). Penalties for voter intimidation are up to one (1) year in jail and a fine of up to One Thousand Dollars (\$1,000.00) (Miss. Code Ann. Section 97-13-37).

Signature of person providing assistance

Printed name of person providing assistance

Address of person providing assistance

Date and time assistance provided

Family relationship to voter (if any)

Notice to Absent Elector: Ballots personally cast in the registrar's office, must be cast not later than 12:00 noon on the Saturday immediately preceding elections held on Tuesday, the Thursday immediately preceding elections held on Saturday, or the second day immediately preceding the date of elections held on other days. If mailed, the envelope and ballot must be received by 5:00 p.m. on the date preceding the election and immediately placed in the proper ballot box.

MARK BALLOT IN INK OR INDELIBLE PENCIL
**ABSENTEE BALLOT FOR PERSON
HAVING TEMPORARY OR PERMANENT
PHYSICAL DISABILITIES**
CHAPTER 528 — LAWS OF 2008
ELECTOR'S CERTIFICATE

Accepted	_____
Rejected	_____
Pollworker Use Only	

STATE OF MISSISSIPPI

COUNTY OR PARISH OF HINDS

I, _____,
under penalty of perjury do solemnly swear that this envelope contains the ballot marked by me
indicating my choice of the candidates or propositions to be submitted at the election to be held
on the _____ day of _____,
20_____, and I hereby authorize the registrar to place this envelope in the ballot box on
my behalf, and I further authorize the election managers to open this envelope and place my
ballot among the other ballots cast before such ballots are counted, and record my name on the
poll list as if I were present in person and voted.

I further swear that I marked the enclosed ballot in secret.

Penalties for vote fraud are up to five (5) years in prison and a fine of up to Five
Thousand Dollars (\$5,000.00). (Miss. Code Ann. Section 23-15-753). Penalties for
voter intimidation are up to one (1) year in jail and a fine of up to One Thousand
Dollars (\$1,000.00) (Miss. Code Ann. Section 97-13-37).

Signature of Voter

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SIGNED ACROSS THE FLAP OF THIS ENVELOPE BY YOU AND AN ATTESTING WITNESS.**

If you have obtained the enclosed ballot by reason of a temporary or permanent physical
disability, you are not required to have the following certificate of attesting witness
notarized, but it must be signed by a person eighteen (18) years of age or older.

CERTIFICATE OF ATTESTING WITNESS

Under penalty of perjury I affirm that the above-named voter personally appeared before me, on
this the _____ day of _____, 2_____, and is
known by me to be the person named, and, who, after being duly sworn or having affirmed, subscribed the
foregoing oath or affirmation. That the voter exhibited to me his blank ballot; that the ballot was not marked or
voted before the voter exhibited the ballot to me; that the voter was not solicited or advised by me to vote for any
candidate, question or issue, and that the voter, after marking his ballot, placed it in the envelope, closed and
sealed the envelope in my presence, and signed and swore or affirmed the above certificate.

Attesting Witness Signature

Printed Name of Attesting Witness

Address

(City & State)

(TO BE COMPLETED ONLY IF THE VOTER HAS RECEIVED ASSISTANCE IN MARKING THE ENCLOSED BALLOT)
I, under penalty of perjury, hereby certify that the above-named voter declared to me that he or she is blind, temporarily
or permanently physically disabled, or cannot read or write, and that the voter requested that I assist the voter in
marking the enclosed absentee ballot. I hereby certify that the ballot preferences on the enclosed ballot are those
communicated by the voter to me, and that I have marked the enclosed ballot in accordance with the voter's instructions.

Signature of person providing assistance

Printed name of person providing assistance

Address of person providing assistance

Date and time assistance provided

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12:00 noon on the Saturday immediately preceding elections held on Tuesday, the Thursday immediately
preceding elections held on Saturday, or the second day immediately preceding the date of elections held
on other days. If mailed, the envelope and ballot must be received by 5:00 p.m. on the date preceding the
election and immediately placed in the proper ballot box.

Voter Registration and Absentee Ballot Request Federal Post Card Application (FPCA)

For any questions about this form, consult the Voting Assistance Guide available in hard copy or on FVAP.gov or your Voting Assistance Officer.

For absent Uniformed Service members, their families, and citizens residing outside the U.S.

Please print in black ink.

Classification

Make only 1 selection.

(In most States, you must be absent from your voting district to use this form).

I request an absentee ballot for all elections in which I am eligible to vote AND:

- ☐ I am a member of the Uniformed Services or Merchant Marine on active duty OR ☐ I am an eligible spouse or dependent.
- ☐ I am an activated National Guard member on State orders.
- ☐ I am a U.S. citizen residing outside the United States, and I intend to return.
- ☐ I am a U.S. citizen residing outside the United States, and my return is not certain.
- ☐ I am a U.S. citizen and have never resided in the United States.

Political party

Your State may require you to specify a political party to vote in primary elections:

Legal name

Last name Suffix

First name Middle name

Previous name (if applicable)

Identification

Some States require your full SSN. Check your State's pages in the Voting Assistance Guide on FVAP.gov.

State Driver's License or ID

OR Social Security Number

Birth date / / Sex ☐ M ☐ F Race

M M D D Y Y Y Y See instructions

Contact information

Include international prefixes. No DSN numbers.

Telephone

Fax

Email

Ballot receipt

Rank from 1-3 in order of preference; be sure appropriate contact information is provided above.

I prefer to receive my ballot, as permitted by my State, by: ☐ Email/Online ☐ Mail ☐ Fax

Voting residence address

Usually your last U.S. residence or your legal U.S. residence. See instructions.

Street Address (not P.O. Box) Apt. #

City/Town/Village

County State Zip Code -

Where to send my ballot

This is your current mailing address and should be different from above. If required, place a forwarding address in Box 9.

8

Additional requirements for your State

Such as: mail forwarding address, additional email address/phone number, or other State required information. See Voting Assistance Guide.

9

Affirmation (REQUIRED): I swear or affirm, under penalty of perjury, that:

- The information on this form is true, accurate, and complete to the best of my knowledge. I understand that a material misstatement of fact in completion of this document may constitute grounds for conviction of perjury.
- I am a U.S. citizen, at least 18 years of age (or will be by the day of the election), eligible to vote in the requested jurisdiction, and
- I am not disqualified to vote due to having been convicted of a felony or other disqualifying offense, nor have I been adjudicated mentally incompetent; or if so, my voting rights have been reinstated; and
- I am not registering, requesting a ballot, or voting in any other jurisdiction in the United States, except the jurisdiction cited in this voting form.

Signature **X**

You must sign and send in.

Today's date / /

M M D D Y Y Y Y

Witness signature / date if required by your State.

Signature

Date