

State of Mississippi Absentee Ballot Request Application

November 4th General Election

FULL NAME
(please print)

First:	Middle:	Last:	Suffix:
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REGISTERED ADDRESS

Address:		Address 2:	
City:	County:	State: MS	Zip Code:

MAILING ADDRESS

Address:		Address 2:	
City:		State:	Zip Code:

CONTACT INFORMATION

Phone Number:	Email Address:
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SIGNATURE

DATE

	MM/DD/YYYY:
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I swear and affirm that all the above information is true and correct.