STATE OF MISSISSIPPI
APPLICATION FOR VOTER IDENTIFICATION CARD

Office Use Only
VID Number: _____
VID Issue Date: _____

STEP 1 - Please affirm the following statements by checking the boxes below affirming these to be true and factual statements:

☐ I **AM** a registered voter in the State of Mississippi.
(If you are NOT a registered voter, complete and submit a Voter Registration Application.)

AND

☐ I **DO NOT** have a driver's license or Department of Public Safety photo ID card.

☐ I **DO NOT** have a photo ID issued card by a branch, department or agency of the State of Mississippi.

☐ I **DO NOT** have a U.S. passport.

☐ I **DO NOT** have an employee ID issued by the U.S. Government, State of Mississippi or local government entity.

☐ I **DO NOT** have a firearms permit.

☐ I **DO NOT** have a tribal photo ID card.

☐ I **DO NOT** have a U.S. military photo ID card.

☐ I **DO NOT** have a student photo ID card issued by an accredited Mississippi university, college or community college.

☐ I **DO NOT** have any other form of photo ID issued by a branch, department, or agency of the U.S. government or any other State government, such as a driver's license from another state.

TO CONTINUE TO STEP 2, YOU MUST MEET ALL OF THE ABOVE CRITERIA TO QUALIFY FOR ISSUANCE OF A MISSISSIPPI VOTER IDENTIFICATION CARD.

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Sworn to and subscribed before me, this the _____ day of _____ , 20_____.

_____
Circuit Clerk's Signature *(Clerk's Seal)*

STEP 2 - Applicant Information: *(Please Print)*

Name: _____
Last First Middle Suffix

Address: _____
Home/Residence Address Apt or Lot #

_____
City State Zip

Mailing Address _____
(if different) Zip

_____ ☐☐☐☐ _____
Date of Birth **LAST 4 Digits ONLY** of SSN County of Residence

STEP 3 - Check the document you are presenting to verify your identity:

☐ A Photo Identity Document
☐ Social Security Card
☐ Voter Registration Card
☐ Utility Bill
☐ Birth Certificate or Verification*
☐ Medicaid Card
☐ Medicare Card
☐ Paycheck or Government Check
☐ Bank Statement
☐ W-2 Form
☐ Other Government Document

**If using Birth Verification, please provide the following information:*

☐ *M* ☐ *F* _____ _____
Gender (Check One) *Mother's Maiden Name* *County/State of Birth*

STEP 4 - Applicant Certification:

I hereby swear and affirm that the foregoing statements made by me on this application are true and correct. Any falsification or fraud in the making of this application shall constitute a felony under § 97-3-35, Miss. Code Ann., and upon conviction thereof, shall be punished by imprisonment in the county jail for not less than six (6) months nor more than five (5) years in the penitentiary, or a fine of not less than one hundred dollars ($100.00), nor more than one thousand dollars ($1,000.00), or by both fine and imprisonment.

_____
Signature (or mark) of Applicant *Date*

Additionally, I understand the Mississippi Voter Identification Card is for voting purposes only and will not be accepted as identification for any other purpose.

SAMPLE