



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.

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:

- |                                                             |                                                       |
|-------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> A Photo Identity Document          | <input type="checkbox"/> Medicaid Card                |
| <input type="checkbox"/> Social Security Card               | <input type="checkbox"/> Medicare Card                |
| <input type="checkbox"/> Voter Registration Card            | <input type="checkbox"/> Paycheck or Government Check |
| <input type="checkbox"/> Utility Bill                       | <input type="checkbox"/> Bank Statement               |
| <input type="checkbox"/> Birth Certificate or Verification* | <input type="checkbox"/> W-2 Form                     |
|                                                             | <input type="checkbox"/> 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.

Office Use Only

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

\_\_\_\_\_  
Circuit Clerk's Signature

\_\_\_\_\_  
(Clerk's Seal)