



**STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DUPLICATE/RENEWAL FORM**



(To be completed by applicant in black ink or typed)

PERSONAL INFORMATION

Name: For Identification Purposes Only - Name Updates Require a New Application **MS License/ID/Permit # (if available):**

Last:	First:	Middle Initial:	
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Residential Address Update: Check here if this address is not to be used for voter registration purposes.

Street 1:	City:
Street 2:	State: ZIP:

Mailing Address (if different than Residential Address):

Street 1:	City:
Street 2:	State: ZIP:

Contact Information Update:

Home Phone:	Cell Phone (required if Text Messaging is requested):	Work Phone:
Email Address:		

Contact Preference Update:
Please indicate how you would like to be contacted. This will become the default method for how we communicate with you: Text Msg Email US Mail

VOTER REGISTRATION

Would you like to apply to register to vote or update your existing voter registration?

If you choose to register to vote or have your existing voter registration updated with your current information, you must meet all the conditions in the Voter Declaration below. The office at which the applicant submits a voter registration application will remain confidential and will be used only for voter registration purposes.

VOTER DECLARATION

I swear/affirm that:

- I am a U.S. citizen,
- I am at least eighteen (18) years old (or I will be before the next general election),
- I will have lived in this state and county for at least 30 days before voting, and if a resident of a municipality, I will have lived in the municipality for at least 30 days before voting.
- I have never been convicted of murder, rape, bribery, theft, arson, obtaining money or goods under false pretense, perjury, forgery, embezzlement, or bigamy, or I have had my rights restored as required by law,
- I have not been declared mentally incompetent by a court.

Furthermore, I certify that the information given by me is true and correct and that I have truly answered all questions on the 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.

Sign here ONLY if you choose to register to vote or have your voter registration updated.

Signature: _____

The penalty for conviction of false registration under MS Code §97-13-25 is imprisonment in the State Penitentiary for not more than five (5) years, or to be fined not more than Five Thousand Dollars (\$5,000), or both.

SELECTIVE SERVICE NOTIFICATION

Any male who is at least eighteen (18) years of age but less than twenty-six (26) years of age and who applies for a permit or license or a renewal of a permit or license shall be registered in compliance with the requirements of Section 3 of the Military Selective Service Act, 50 USCS Appx 451et seq., as amended. The applicant's submission of the application shall serve as an indication that the applicant either has already registered with the Selective Service System or that he is authorizing the department to forward to the Selective Service System the necessary information for registration. Submission of the application will serve as his consent to registration with the Selective Service System, if so required. Any male applicant under the age of eighteen (18) will be registered upon turning age eighteen (18) as required by federal law.

CANCELLATION OF DL/CDL/ID CARD FROM ANOTHER JURISDICTION

I understand that, upon issuance of a Driver License or Identification Card in the State of Mississippi, any driver license or identification card previously issued by another state or jurisdiction will be cancelled. I also understand that if a driver license or identification card is later issued in another state or jurisdiction, my Mississippi Driver License or Identification Card will be cancelled.

AFFIRMATION/SIGNATURE

I DO SOLEMNLY SWEAR/AFFIRM THAT, UNDER THE PENALTIES OF PERJURY, I AM THE PERSON HOLDING THE CREDENTIAL BEING MODIFIED AND THAT THE STATEMENTS I HAVE MADE ARE TRUE AND CORRECT.

_____ / /
USUAL Signature of Applicant Date