

APPLICATION FOR CERTIFIED MISSISSIPPI DEATH CERTIFICATE

Mississippi State Department of Health

Vital Records

P. O. Box 1700, Jackson, Mississippi 39215-1700

FULL NAME OF DECEASED	FIRST	MIDDLE	LAST
DATE OF DEATH	MONTH	DAY	YEAR(4 DIGITS)
PLACE OF DEATH	COUNTY	CITY OR TOWN	STATE
SEX	RACE	SOCIAL SECURITY NUMBER	AGE AT DEATH
NAME OF FATHER		NAME OF MOTHER	
FUNERAL DIRECTOR	NAME		ADDRESS
PERSON OR FACILITY REQUESTING COPY			
RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE		PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED	
SIGNATURE OF APPLICANT			DATE

A DEATH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A **NON REFUNDABLE** SEARCH FEE OF \$15.00 AND VALID PHOTO IDENTIFICATION.

The \$15.00 fee entitles the applicant to one Certified copy of the death record on file (November 1, 1912 to present) or if the record is not found, a "Not on File" statement will be issued. Surrounding counties and five years centered on year of death are searched if record is not located within county or year specified.

\$15.00	X	1	=	\$15.00
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Additional Certified copies of the same certificate ordered at the same time. \$5.00 for each additional certified copy.

\$ 5.00	X		=	
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TOTAL AMOUNT ENCLOSED. Check or Money Order payable to Mississippi Vital Records. Mississippi law allows an additional Service charge for dishonored checks. **(DO NOT SEND CASH)**

	No. of Copies	Amt. Enclosed
TOTALS		

PHOTO IDENTIFICATION REQUIRED

Failure to provide the proper identification will result in the application being returned to you without processing. Acceptable forms of identification are: **Valid Driver's License, State Issued Identification Card, Passport, and/or Military Identification Card, Valid School, College or University Identifications.** (See back for other acceptable forms).

APPLICANT NAME/DELIVERY INFORMATION

Pursuant to Section 41-57-2 of the Mississippi Code of 1975, Annotated, and as defined by Mississippi State Board of Health Rules and Regulations, I hereby certify that I have a legitimate and tangible interest in the death record requested. I understand that obtaining a record under false pretenses may subject me to the penalty as described in Section 41-57-27 of the Mississippi Code of 1972, Annotated.

PRINT YOUR MAILING ADDRESS HERE

Applicant Name (Type or Print)			
Delivery Address, including APT number if applicable			Home phone number, including area code
City	State	ZIP Code	Work phone number, including area code

DO NOT WRITE IN THE SPACES BELOW – FOR OFFICE USE ONLY

12 – 36	S.C.	SUP.
37 – 66	S.C.	P.
S.C.	C.D.	CWA.

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

Eligibility: A certified copy of a death certificate can be issued only to a person with legitimate and tangible interest as defined by the Rules Governing the Registration and Certification of Vital Events. Primarily this is:

- 1) Parent(s) listed on the death record.
- 2) Spouse, sibling(s), or grandparent(s)/child(ren) of registrant, proof of relationship required.
- 3) Informant, must be listed on death record.
- 4) Legal Guardian, guardianship papers must be provided.
- 5) Legal representative of one of the above persons, proof of representation must be provided.
- 6) Other person(s) by court order, certified copy of court order must be provided.
- 7) Funeral Home, must be the funeral home on record that took possession of the body.

Death records are available for genealogy purposes for death events occurring over 50 years ago. Genealogy must be provided as purpose for certificate and family relationship to the registrant must be specified. Plain paper copies rather than certified copies are provided for genealogy purposes.

Requirements for Ordering: If applicant is spouse, parent, grandparent, sibling, child, grandchild, or informant, guardian, legal representative, then the applicant must provide a completed application and a copy of a valid photo identification of the applicant. Acceptable forms of identification are the following:

<input type="checkbox"/> Photo Driver's License	<input type="checkbox"/> Photo State Issued ID	<input type="checkbox"/> Employment ID
<input type="checkbox"/> School, College or University ID	<input type="checkbox"/> US Military ID	<input type="checkbox"/> Tribal ID
<input type="checkbox"/> Alien Registration/Permanent Resident Card	<input type="checkbox"/> Temporary Resident Card	<input type="checkbox"/> US Passport

OR two forms of identification from the following list:

<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Utility Bill (showing address)	<input type="checkbox"/> Medicaid Card
<input type="checkbox"/> Snap/EBT card (showing address)	<input type="checkbox"/> Work Identification	<input type="checkbox"/> Veteran Universal Access ID Card

Guardian or legal representative must submit proof of guardianship/legal representation with this application. Legal representatives must provide attorney bar number, name of person represented, and their relationship to the registrant. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency. If you do not have one of the above referenced documents, please contact Vital Records at 601-576-7981

Relationship or interest to Applicant: A person ordering a death certificate should enter the relationship or interest in this space. Others must identify their relationship to the registrant clearly.

Nonrefundable: Vital record fees are nonrefundable, with the exception of fees paid for additional copies when no record is found.

Failure to Receive: Complaints of failure to receive certified records will be honored within 6 months of the original request. If the copy was to be returned to you by U.S. Postal Service, please allow 3 weeks after mailing the request before inquiring. Inquiry about copies ordered with payment for special courier delivery should be made within 7 days of the request. Mail returned because of insufficient address or address changes will be re-mailed if this office is notified of correct address within 6 months of request.

Options for Service: Certified copies of death records may be ordered in person, by mail, or, if paying by credit card, online or by telephone. Processing time is generally 7 – 10 working days after receipt of request. If amendment action is necessary, additional processing time will be required. **Payment of fees is required at the time of ordering.**

- **WALK-IN SERVICE** is available at 571 Stadium Drive, Jackson, Mississippi between the hours of 8:00 am and 5:00 pm. Death records are not available same day, all records will be mailed 7 – 10 business days after receipt of request.
- **MAIL-IN** requests, either on the form provided or as a free form request will be processed in the order received and will be returned by regular U.S. Postal Service, unless accompanied by a prepaid special courier self-addressed envelope.
- **PAYMENT BY CREDIT CARD** can be done using an online service or by telephone. The private company approved to handle credit card transactions for Mississippi death records can be accessed by calling 601-576-7988 or by visiting www.msdh.state.ms.us/phs and clicking on link for online ordering. If you have questions or need additional assistance call 601-576-7981. A recorded message outlining ordering requirements and options can be accessed by dialing 601-576-7450.

**MAIL THIS APPLICATION WITH PAYMENT TO
MISSISSIPPI VITAL RECORDS
P.O. BOX 1700
JACKSON, MS 39215-1700**

