

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 or Parent		Name of Mother or Parent	
Funeral Home	Funeral Director Name	Address of Funeral Home	
PERSON OR FACILITY REQUESTING COPY			
Relationship or interest of person requesting certificate		Purpose for which certified copy is to be used	
SIGNATURE of Person Requesting			DATE

A DEATH RECORD SEARCH REQUIRES ADVANCE PAYMENT OF A **NON REFUNDABLE** SEARCH FEE OF \$17.00 AND VALID PHOTO IDENTIFICATION.

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.

The \$17.00 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.

\$17.00	X	1	=	\$17.00
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Additional Certified copies of the same certificate ordered at the same time. \$6.00 for each additional certified copy.

\$ 6.00	X		=	
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Amount Enclosed. Make money order or cashier's check payable to Mississippi Vital Records. **(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 Identification.** (See back for other acceptable forms.).

MAILING ADDRESS REQUIRED REGARDLESS OF DELIVERY METHOD

Requestors Name (Type or Print)			
Delivery Address (include APT number)			
City	State	ZIP Code	
Email Address:	Cell Phone Number (include area code)	Home/Work Phone Number (include area code)	

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.

For Genealogy purposes: Genealogy must be stated as purpose for certificate. Relationship to applicant must be provided. Plain paper copies are provided for genealogy purposes.

Requirements for Ordering: If applicant is spouse, parent, grandparent, sibling, child, grandchild, informant, guardian or 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:

Photo Driver's License	Photo State Issued ID	Employment ID
School, College or University ID	US Military ID	Tribal ID
Alien Registration/Permanent Resident Card	Temporary Resident Card	US Passport

OR two forms of identification from the following list:

Social Security Card	Utility Bill (showing address)	Medicaid Card
Snap/EBT card (showing address)	Work Identification	Veteran Universal Access ID Card

Guardian or legal representative must submit proof of guardianship/legal representation with this application. Legal representatives must provide attorney's 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 601-206-8200.

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. For Genealogy purposes, relationship to applicant must be provided.

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 3 months of the original request. If the copy was to be returned to you by U.S. Postal Service, please allow four (4) 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 3 months of request.

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

- **WALK-IN SERVICE** is available at 222 Marketridge Dr., Ridgeland, MS. We accept credit cards, money orders, cashier's check or cash. Records from 2020 to present are available same day. Records prior to 2020 will be mailed.
- **PAYMENT BY CREDIT CARD** can be done using an online service or by telephone. You can visit www.msdh.ms.gov; under popular topics, choose Birth and Death Certificates. If you have any questions or need additional assistance call 601-206-8200.

MAIL THIS APPLICATION WITH PAYMENT AND COPY OF IDENTIFICATION TO:
MISSISSIPPI VITAL RECORDS
P. O. BOX 1700
JACKSON, MS 39215-1700