

APPLICATION FOR CERTIFIED MISSISSIPPI BIRTH CERTIFICATE

Mississippi State Department of Health
Vital Records
Post Office Box 1700, Jackson, Mississippi 39215-1700

FULL NAME ON BIRTH RECORD	FIRST	MIDDLE	LAST	
HAS NAME CHANGED SINCE BIRTH? ☐ Yes ☐ No		If so, what was original name?		
DATE OF BIRTH	MONTH	DAY	YEAR (4 digit)	STATE FILE NUMBER IF KNOWN
PLACE OF BIRTH	COUNTY	CITY	STATE	
SEX ☐ MALE ☐ FEMALE	RACE:	Mother or Parent Race	Father or Parent Race	
NAME/LAST NAME MOTHER OR PARENT	FIRST	MIDDLE	LAST (MAIDEN)	
NAME/LAST NAME FATHER OR PARENT	FIRST	MIDDLE	LAST (MAIDEN)	
PERSON REQUESTING CERTIFIED COPY				
RELATIONSHIP TO APPLICANT		PURPOSE FOR WHICH NEEDED		
SIGNATURE OF APPLICANT			DATE	

A BIRTH 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 1972, Annotated and as defined by Mississippi State Board of Health Rules and Regulations only person having legitimate and tangible interest in a birth certificate is entitled to obtain a copy. Anyone obtaining a copy of a birth certificate under false pretenses is subject to the penalties as described in Section 41-57-27 of the Mississippi Code.

The \$17.00 fee entitles the applicant to one certified copy of the birth record on file of 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 record ordered at the same. \$6.00 for each additional certified copy.

\$ 6.00	X		=	
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TOTAL AMOUNT ENCLOSED. Check (personalized with name, address, and bank branch name and address printed on 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 Identification.** (See back for other acceptable forms.).

MAILING ADDRESS REQUIRED REGARDLESS OF DELIVERY METHOD

Applicant Name (Type or Print)			
Delivery Address (Include APT number)			
City	State	ZIP Code	Phone Number, including area code

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

Eligibility:

A certified copy of a birth 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) Registrant (the child named on the record), if of legal age.
- 2) Parent(s) listed on the birth record if VR office has not been notified of termination of parental rights.
- 3) Spouse, sibling(s), or grandparent(s)/child(ren) of registrant
- 4) Legal Guardian, guardianship papers must be provided.
- 5) Legal representative of one of the above persons, proof of representation must be provided.
- 6) Licensed adoption agencies working within the statutory authority of §93-17-205.
- 7) Other person(s) by court order, certified copy of court order must be provided.

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 self, spouse, parent, grandparent, sibling, child, grandchild, 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 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 to Applicant: A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed by marriage, legal name change (when and where), etc. Others must identify their relationship to the registrant clearly. For genealogy, 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 6 months of the original request. Please allow four (4) weeks after mailing the request to make inquiries to this office. Inquiries about copies ordered with payment for special courier delivery should be made within 7 days of the request. Mail returned because of insufficient address will be re-mailed if this office is notified of correct address within 6 months of request.

Options for Service: Certified copies of birth records may be ordered in person, by mail, or, if paying by credit card, online or by telephone. Processing time is generally 7 – 10 business 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 222 Marketridge Dr., Ridgeland, MS; please call 601-206-8200 for hours of operation. Most records will be available while you wait; some require special processing and will be mailed within 7 - 10 business days of the 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 completed by 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 questions or need additional assistance, call 601-206-8200. A recorded message outlining ordering requirements and options can be accessed by dialing 601-206-8200, option 1.

MAIL THIS APPLICATION WITH PAYMENT AND COPY OF IDENTIFICATION TO:

**MISSISSIPPI VITAL RECORDS
P.O. BOX 1700
JACKSON, MS 39215-1700**