

MISSISSIPPI VITAL RECORDS
P.O. Box 1700
Jackson, MS 39215-1700

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

INFORMATION

1. Only deaths recorded after November 1, 1912 are on file.
2. The death certificate is the most important legal document in the settlement of the estate and insurance. It is important that the information on the certificate is correct. When you receive copies of the death certificate, check particularly spelling of names and that dates are correct.
3. If there are incorrect items on the certificate and the death occurred less than one year ago, please notify the funeral director who filed the certificate.
4. If there are incorrect items on the certificate and the death occurred more than one year ago, a court order may be required.
Please contact Vital Records at the above address for additional information.
5. The fee for a certified copy of a death certificate is \$10.00. Each additional copy ordered at the same time is \$2.00.
6. A five year search of our records will be made. If the record is not on file, a search fee of \$6.00 will be retained.

INSTRUCTIONS

1. Complete the information sections of this form. **PLEASE PRINT.**
2. The application must be signed.
3. **PAYMENT:**
Out-of-state: Remit a bank or postal money order or a bank cashier's check in the correct amount made payable to Mississippi State Department of Health.
Mississippi Resident: In addition to the above methods of payment, personal checks are acceptable if drawn on a Mississippi bank; make payable to Mississippi State Department of Health.

We accept no responsibility for cash sent through the mail. Request for adjustments or refunds will be honored only if received within six months of application.

4. Send completed application, appropriate fee and self-addressed stamped legal size envelope to the address at the top of this form.

INFORMATION ABOUT PERSON WHOSE DEATH CERTIFICATE IS REQUESTED (Type or Print)			
1. FULL NAME OF DECEASED	FIRST NAME	MIDDLE NAME	LAST NAME
2. DATE OF DEATH	MONTH	DAY	YEAR
3. PLACE OF DEATH	COUNTY	CITY OR TOWN	STATE
4. Sex	5. Race	6. Age at Death	7. State File Number (if known)
8. Name of Father		9. Name of Mother	
10. FUNERAL DIRECTOR	Name	Address	
11. PURPOSE FOR WHICH CERTIFIED COPY IS TO BE USED			NO. OF COPIES _____
12. RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE			
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, 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.			VETERAN'S SERVICE OR VA CLAIM NO: _____
13. SIGNATURE OF APPLICANT			TOTAL _____
14. DATE SIGNED			FEE SUBMITTED \$ _____

PRINT OR TYPE YOUR MAILING ADDRESS HERE

15.		Name
16.	APT. NO.	Street or Route
17.		City or Town State, ZIP Code