DISASTER RESPONSE:
A DOCUMENT-REPLACEMENT KIT

Developed by the
University of Mississippi Pro Bono Initiative
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LETTER FROM DIRECTOR

The loss of personal documents goes along with the great losses that result from floods, hurricanes, tornados, and fires. These documents — such as birth certificates, social security cards, drivers’ licenses — are essential to receive state and federal disaster aid. These documents are also critical to process insurance claims, to enforce family law decrees, to receive state benefits, and to ensure that a person’s wishes for health care and financial transfers are honored.

This publication was created by the University of Mississippi Law School Pro Bono Program. The catalyst for the project was the devastating loss caused by tornados in Smithville, Mississippi. It provides information on how and where to replace a wide range of documents, including, among others:

- personal identification cards
- titles to automobiles and mobile homes
- records of family law decrees
- real and personal property records
- estate and tax documents

The Kit begins with a brief overview of how to replace each document. Following the overview are detailed instructions for each type of document, along with the necessary forms for replacement. The instructions and forms were obtained from various websites for federal and state offices.

The Kit is designed to provide accurate, current, and authoritative information on the subject. However, since the rules on which it is based are subject to constant revision, portions of this publication could become outdated at any time. The authors of this publication are not engaged in rendering legal advice or opinions, and the information contained herein should not be regarded, or relied upon, as a substitute for legal advice or opinion.

Special thanks to Lyle Gravatt, who invested many hours in this project, and to the University of Mississippi Law School Library staff.

We hope that this will be useful for the victims of disasters across the State of Mississippi and for the organizations that assist them.

Deborah Bell
Director, Pro Bono Program
June 6, 2011
OVERVIEW

INSURANCE DOCUMENTS

You should be able to obtain a copy of your insurance contract from your insurer. If you are unable to obtain a copy of your insurance contract from your insurer, contact the Mississippi Insurance Department Consumer Services Division at 601-359-2453 or 1-800-562-2957.

DRIVER’S LICENSE

You may replace a lost Driver’s License or Mississippi ID Card in person at your local driver’s license office. You will need two forms of identification and proof of residence, such as an electric bill or water statement. The cost of replacement is $6.00. Detailed instructions and a list of local driver’s license offices are attached in pages 6-8. If you still live at the address on your license, you may replace your license online at https://www.ms.gov/hp/drivers/license/dupeBegin.do

BIRTH, MARRIAGE, OR DEATH CERTIFICATE

Certified copies of Mississippi records of births, marriages, or deaths may be obtained through the Mississippi Department of Vital Records. You may mail in the forms attached in pages 10-15; go in person to the state office; or you may purchase the records with a credit card by telephone at 601-576-7988 or online at www.msdlh.state.ms.us/pls. A copy of a valid photo ID from the list beginning on page 9 must be included. The fee for a certified copy is $15.00. Additional copies may be obtained for $5.00. For birth, marriage, and death records outside the state of Mississippi, go to the federal website at http://www.cdc.gov/nchs/w2w/w2w.pdf.

SOCIAL SECURITY CARD

A replacement social security card may be obtained from any Social Security office for no charge. You will need to submit one original or certified document from the list beginning on page 19 to prove your identity. If you were born outside the U.S., you will also need proof of citizenship or work-authorized status. You may mail the request to one of the offices listed on page 16 or appear in person.

AUTOMOBILE TITLE

Replacement titles for automobiles registered in Mississippi may be obtained in person at your local Tax Collector’s office. For an in-person application, you must have a valid photo ID. Or, you may submit an application by mail to the Mississippi Department of Revenue. The fee is $9.00. The time for issuance may be up to a month. For $39.00, you may submit a Fast-Track application and the title will be processed in three days. See pages 23-27 for contact information for local and state offices and forms. If there is a lien on your vehicle the replacement title will be mailed to the lienholder, unless you obtain a lien release signed by the lender.

MOBILE-HOME TITLE

Titles to mobile homes are maintained by county in each local Tax Collector’s Office. The instructions and forms for obtaining a replacement title for a mobile home are the same as for automobiles described above.

COURT RECORDS AND LAND RECORDS
Judgments of divorce, child custody, child support, or guardianship and land records (mortgages, deeds, deeds of trust) are maintained in the office of Clerk of the Chancery Court in the county where the action was filed or the land located. For information on how to obtain these records, see page 28.

Estate Documents:
Wills, Powers of Attorney, Health Care Directives

Wills and Powers of Attorney. Your will provides instructions about disposition of your property when you die. Wills are not maintained in public offices before a person’s death. A power of attorney is a document that allows one person to act on behalf of another – that is, to sign documents on their behalf, buy or sell property, or withdraw funds from bank accounts. The attorney who prepared your will or power of attorney should be able to provide you with a copy.

Health Care Directive. A Health Care Directive provides instructions on your wishes for medical care and end-of-life treatment. If you provided your physician with a copy of your directive, you may obtain it from him or her. If you did not, you will need to execute a new document. The Health Care Directive form and instructions set out in the Mississippi Code are included on pages 37-42.

Immunization Records

Records for immunizations given by a public health department may be obtained for no charge by calling the Mississippi Immunization Registry at 1-800-634-9251 or by calling or visiting your local public health department. Addresses and phone numbers for local and state offices are provided on pages 43-45. You will need the first and last name and date of birth of the person whose records are requested. If the immunization was performed in a private clinic, you will need to obtain the records from the clinic.

Military Records

Records of military discharge may be obtained by submitting Form 180 to the appropriate military office, which depends on the branch of service and status of the veteran. Form 180 and a list of the different offices are provided in Appendix H. Most of these records may be obtained without a fee.

TAX RETURNS

Federal. A line-by-line transcript of the last four years of federal tax returns may be obtained free of charge by completing Form 4506-T, which is included in this publication. A copy of the actual returns may be obtained by completing Form 4506, for a fee of $57.00. You may mail the forms or fax them. You may also order a transcript by calling 1-800-908-9946 or visiting www.irs.gov and clicking on “Order a Transcript.”

Mississippi. Copies of Mississippi tax returns are available by sending Form 70-698 to the Office of Tax Administration. Because the fee depends on the number of pages ($2.50 for the first page and $.50 for each additional page), you should first call the office at 601-923-7000 to determine the amount of cashier’s check or money order to send. Contact information for the state and local tax offices can be found on page 51.

Taxpayer assistance. The IRS maintains a toll free disaster hotline to provide taxpayers with answers to questions related to disasters. The number for assistance is 866-562-5927. You may also go to your local Federal Taxpayer Assistance Center. A list of the six centers is available on page 51.

Passports
Passports may be replaced by appearing in person at one of the Mississippi Acceptance Facilities listed on pages 57-63 and submitting an application for passport and statement regarding lost passport. Forms and instructions are also included in this publication. Information regarding lost passports may be found at http://travel.state.gov/passport/lost/lost_848.html.

**IMMIGRATION RECORDS**

Because of their length, the instructions and documents for replacing lost Green Cards and Naturalization Cards are not reproduced here. To obtain instructions and forms, visit http://www.uscis.gov/forms or http://www.uscis.gov/resources, or call the National Customer Service Center (NCSC) at 1-800-375-5283 or 1-800-767-1833 (TDD for the hearing impaired). The Jackson, MS Satellite Office for the United States Citizenship and Immigration Services can be reached by mail at: USCIS, Dr. A.H. McCoy Federal Building, 100 West Capitol Street, Suite 727, Jackson MS 39269.

**SAVINGS BONDS**

Lost Savings Bonds, Savings Notes, Retirement Plan Bonds, or Individual Retirement Bonds may be replaced by filling out and notarizing Form 1048E, found at page 71. No fees are necessary, but additional statements may be necessary, such as proof of death or an investigative report.

**EBT CARDS, FOOD STAMPS, MEDICAID, SCHIP, AND WIC**

Lost EBT cards and food stamps may be replaced by calling the Mississippi EBT Cardholder Service Center at 1-866-512-5087. Medicaid and SCHIP cards may be replaced by contacting the Mississippi Division of Medicaid at 800-884-3222. WIC benefits may be maintained by contacting Mississippi’s WIC Program at 800-545-6747.

**PETS**

For sheltering or locating your pet, call the Mississippi Animal Disaster Hotline at 1-888-722-3106 or the Mississippi Animal Rescue League at 601-969-1631. Mississippi animal shelters are listed at http://www.animalshelter.org/shelters/Mississippi.asp. Livestock and Poultry inquiries should be directed to the Mississippi Board of Animal Health at 888-646-8731. Other resources for pets, poultry, and livestock are described on page 78.
There are two ways to replace a lost driver’s license or identification (ID) card: online or in person. The cost is $6 per license or card. The second time you lose it and apply for a duplicate license, you will pay $11.

How do I apply online?

To request a duplicate driver’s license or ID card online, you must still live at the address that is printed on your current driver’s license or ID card. Duplicate driver's licenses and ID cards cannot be forwarded to your new address or post office box. You will also need a credit card in order to pay online.

To apply online, visit https://www.ms.gov/hp/drivers/license/dupeBegin.do

If you no longer live at the address printed on your current driver’s license or ID card, you must go to your nearest Mississippi Department of Safety licensing office and request a duplicate in person.

How do I apply in person?

A list of Mississippi licensing offices can be found at the website listed above and is also reprinted below.

If you apply in person at your local driver's license office, you will need to provide two forms of identification and proof of residency. You should call your local driver’s license office to ask if the identification you are bringing is sufficient. Proper ID might include a birth or marriage certificate, court order with your name and birth date, military ID, passport and student or employer ID.

Proof of Residency

Along with the required identification cards or documents, you will also need to provide proof that you reside in the state of Mississippi. The following may be accepted: utility statements such as electric, water or phone, lease agreement, vehicle-registration receipt, mortgage documents, homestead-exemption receipt, bank statement, notarized employer verification on company letterhead (with a phone number) that states your address and, for persons under 21, a parent or guardian's state driver's license.
<table>
<thead>
<tr>
<th>Location</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Open Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>City Hall, 125 West Commerce Street</td>
<td></td>
<td>Friday, 8:00-5:00</td>
</tr>
<tr>
<td></td>
<td>1st &amp; 3rd Mondays of the month, 8:30-4:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amory</td>
<td>Monroe County Complex Building, 1619 Highway 25 North</td>
<td></td>
<td>Monday-Friday, 8:00-5:00</td>
</tr>
<tr>
<td></td>
<td>1st Tuesday &amp; 1st and 3rd Wednesdays of the month, 8:30-4:30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Batesville</td>
<td>22000 A Highway 35 North</td>
<td></td>
<td>Tuesday and Thursday, 8:30-4:30</td>
</tr>
<tr>
<td></td>
<td>Monday through Friday, 8:00-5:00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay St. Louis</td>
<td>3016 Longfellow Road</td>
<td></td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td></td>
<td>(228) 467-8055</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belzoni</td>
<td>Multiplex Building, 417 Silver City Road</td>
<td></td>
<td>Monday through Friday, 8:00-5:00</td>
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<tr>
<td></td>
<td>2nd &amp; 4th Thursday, 8:30-4:30 (closed 12:00-1:00 for lunch)</td>
<td></td>
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<tr>
<td>Biloxi</td>
<td>16741 Hwy 67</td>
<td></td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td></td>
<td>(228) 396-7400</td>
<td></td>
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</tr>
<tr>
<td>Booneville</td>
<td>Westside Community Center, 200 Dallison Drive</td>
<td></td>
<td>Every Thursday and the 2nd &amp; 4th Wednesday of the month, 8:30-4:30</td>
</tr>
<tr>
<td></td>
<td>(662) 728-1782</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brookhaven</td>
<td>160 Highway 84 East</td>
<td></td>
<td>Thursday and Friday, 8:30-4:30</td>
</tr>
<tr>
<td></td>
<td>(601) 833-0808</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burnsville</td>
<td>38 Gross Ave.</td>
<td></td>
<td>1st &amp; 3rd Tuesday of the month, 8:30-4:30</td>
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<tr>
<td></td>
<td>(662) 427-9526</td>
<td></td>
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<tr>
<td>Canton</td>
<td>Mayor’s Office, 226 East Peace Street</td>
<td></td>
<td>Monday-Friday, 8:00-5:00</td>
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<tr>
<td></td>
<td>(601) 839-9839</td>
<td></td>
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<tr>
<td>Clarksdale</td>
<td>144 Ritch Street</td>
<td></td>
<td>Monday-Friday, 8:00-5:00</td>
</tr>
<tr>
<td></td>
<td>(662) 624-2650</td>
<td></td>
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</tr>
<tr>
<td>Location</td>
<td>Address</td>
<td>Phone Numbers</td>
<td>Office Hours</td>
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<tr>
<td>Grenada</td>
<td>MHP Building, 2140 South Commerce</td>
<td>(662)226-2341</td>
<td>Monday, Wednesday, Thursday &amp; Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Hattiesburg</td>
<td>35 Tatum Drive</td>
<td>(601)582-3814</td>
<td>Monday through Friday</td>
</tr>
<tr>
<td>Holly Springs</td>
<td>136 Alderson Street</td>
<td>(662)252-2254</td>
<td>1st &amp; 3rd Thursdays of the month, 8:30-4:30</td>
</tr>
<tr>
<td>Houston</td>
<td>Houston Fire Department, 224 E. Madison St.</td>
<td>(662)448-8139</td>
<td>2nd &amp; 4th Tuesdays of the month, 8:30-4:30</td>
</tr>
<tr>
<td>Indianola</td>
<td>Justice Court Building, 202 Main Street</td>
<td>(662)9887-7219</td>
<td>1st &amp; 3rd Thursday, 8:30-4:30 (closed for lunch 12:00-1:00)</td>
</tr>
<tr>
<td>Iuka</td>
<td>Rescue Squad Building, 1109 Maria Lane</td>
<td>(662)424-0058</td>
<td>Monday only, 8:30-4:30</td>
</tr>
<tr>
<td>Jackson</td>
<td>Dept of Public Service, 1900 East Woodrow Wilson</td>
<td>(601)987-1281</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Jackson</td>
<td>Metro Ct Mall, 1101 Metro Center Mall, Space #1</td>
<td>(601)352-6928</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Kosciusko</td>
<td>Coliseum, 550 Highway 12 East</td>
<td>(662)289-5437</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Laurel</td>
<td>130 N. 12th Avenue</td>
<td>(601)425-3802</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Leakesville</td>
<td>Leakesville City Hall, 301 A Lafayette</td>
<td>(601)394-2383</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Lexington</td>
<td>113 China Street</td>
<td>(662)834-4040</td>
<td>2nd &amp; 4th Wednesday, 8:30-4:00 (closed 12:00-1:00 for lunch)</td>
</tr>
<tr>
<td>Louisville</td>
<td>Courthouse, 115 South Court Street</td>
<td>(662)773-3843</td>
<td>Monday through Friday, 8:30-4:30</td>
</tr>
<tr>
<td>Lowndes</td>
<td>Columbus-Lowndes County Administrative Building, 17 Airline Road</td>
<td>(662)327-1833</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Lucedale</td>
<td>Senior Citizen Building</td>
<td>(601)947-6587</td>
<td>Wednesdays only, 9:00-4:00</td>
</tr>
<tr>
<td>Mendenhall</td>
<td>Police Department, 167 West Maud Avenue</td>
<td></td>
<td>Tuesday only, 8:30-4:30</td>
</tr>
<tr>
<td>Meridian</td>
<td>841 Highway 19 North</td>
<td>(601)483-9246</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Natchez</td>
<td>724 Highway 61 North</td>
<td>(601)442-4879</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Nesbit</td>
<td>159 License Drive</td>
<td>(662)429-5384</td>
<td>Open Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>New Albany</td>
<td>1103 Bratton Road</td>
<td>(662)534-8649</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Newton</td>
<td>523 Coliseum Drive, Old Highway 15 North</td>
<td>(601)683-2376</td>
<td>Monday through Friday, 8:00-5:00</td>
</tr>
<tr>
<td>Okolona</td>
<td>Okolona City Auditorium, Main Street</td>
<td>(662)447-2478</td>
<td>4th Wednesday of the month, 8:30-4:30</td>
</tr>
<tr>
<td>Olive Branch</td>
<td>6569 Cockrum Street, Building B, Suite 1</td>
<td>(662)290-7211</td>
<td>Open Monday through Friday, 8:00-5:00</td>
</tr>
</tbody>
</table>
Oxford
Highway 7 South
(662)236-2066
Open Monday through Friday, 8:00-5:00
Tupelo
635 Daybrite Drive
Monday through Friday, 8:00 to 5:00
Pascagoula
Fairgrounds, 2914 Shortcut Road
(228)769-3266
Monday through Friday, 8:00-5:00
Tylertown
Walthall County Library, 707 Union Road
(601)876-4609
1st & 3rd Wednesday of the month, 8:30:4:30
Pearl
State Highway Safety Patrol Troop C Building, 3851 Highway 468
(601)420-6342
Monday through Friday, 8:00-5:00
Vicksburg
Juvenile Detention Center, 1100 Grove St, Suite C
(601)638-5441
Monday through Friday, 8:00-5:00
Philadelphia
288 West Beacon
(601)656-6120
Monday, Tuesday & Wednesday, 8:30-4:30
Walnut Grove
102 Park Street
(601)253-0487
Monday, Tuesday & Wednesday, 8:30-4:30
Picayune
917 Goodyear Blvd
(601)799-1428
Monday through Friday, 8:00-5:00
Waynesboro
1100 Cedar Street, Old Hospital
(601)735-3242
Fridays, 8:30-4:30
Pittsboro
166 Shannon Street
(662)412-3100
4th Tuesday of the month, 8:30-4:30
West Point
Sheriff's Office, 330 West Broad Street
(662)494-5152
2nd & 4th Wednesday and every Thursday and Friday, 8:30-4:30
Pontotoc
Agri Building
Monday, 8:30-4:30, Closed one hour for lunch
Winona
Old Justice Court Building, 115 North Quitman Street
(662)283-4105
1st & 3rd Wednesday, 8:30-4:30 (closed 12:00-1:00 for lunch)
Prentiss
Prentiss City Library, 2229 Pearl Street
(601)792-8159
2nd & 4th Tuesdays of the month, 8:30-4:30
Woodville
Wilkinson County Extension Office, 982 Second South Street
(601)888-6808
2nd Thursday of the month, 8:30-4:30
Ripley
752 West Section Line Street
(662)837-8409
Open 2nd & 4th Thursdays of the month, 8:30-4:30
Yazoo City
Teen Center, 1220 Jackson Ave
(662)746-9213
Wednesday only, 8:30-4:30
Starkville
Starkville Substation, 987 Highway 82 East
(601)323-5316
Monday through Friday, 8:00-5:00
Summit
708 Laurel Street
(601)684-2567
VITAL RECORDS

Source: http://www.health.ms.gov/index.htm

For records of Mississippi births, marriages, or deaths, fill out the attached Mississippi form and mail, along with payment ($15 per certificate; personal, certified and cashier’s checks accepted), a copy of a valid photo ID (see below), and a self-addressed-stamped-envelope. Copies of birth, death, and marriage certificates may also be purchased with a credit card by calling 601-576-7981. There is an additional $7.50 charge for credit-card payments.

Acceptable forms of valid photo ID:
- Driver’s license
- State-issued ID
- Employment ID
- School, college or university ID
- United States military ID
- Tribal ID
- Alien Registration/Permanent Resident Card
- Temporary Resident Card
- United States passport

Who May Apply?

The applicant may be the person him/herself, or a spouse, parent, grandparent, sibling, child, grandchild, guardian, or legal representative. A guardian or legal representative must submit proof of guardianship/legal representation with this application. Legal representatives must provide an attorney bar number, the name of the person represented, and their relationship to the registrant.

How do I get records for births, marriages, and deaths outside of Mississippi?

For states outside of Mississippi, contact that state’s Vital Records office. Information on state offices and fees is available at http://www.cdc.gov/nchs/w2w/w2w.pdf

Birth Certificate Form
http://msdh.ms.gov/phs/forms/Form%20522E_20110318.pdf

Death Certificate Form
http://msdh.ms.gov/phs/forms/Form%20523E_20110321.pdf

Marriage Certificate Form
http://msdh.ms.gov/phs/forms/Form%20502E_20110318.pdf
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

STATE FILE NUMBER IF KNOWN

PLACE OF BIRTH
COUNTY
CITY
STATE
SEX □ MALE □ FEMALE

RACE

FULL MAIDEN NAME OF MOTHER
FIRST
MIDDLE
LAST

FULL NAME OF FATHER
FIRST
MIDDLE
LAST

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 $15.00 AND VALID PHOTO IDENTIFICATION.

The $15.00 fee entitles the applicant to one Certified copy of the birth record on file if the record is not found a “Not on File” statement will be issued. Surrounding counties and five years centered on year of birth are searched if record is not located within county or year specified.

$ 15.00 X 1 = $15.00

Additional Certified copies of the same record ordered at the same amount.

$5.00 for each additional certified copy.

$ 5.00 X =

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)

TOTALS

No. of copies

Amt. Enclosed

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 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.

PRINT YOUR MAILING ADDRESS HERE

Applicant Name
(Type or Print)

Delivery Address (include apt number)

City
State
ZIP Code
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.

Mississippi State Department of Health Revised 3-18-11 Form 522E

12
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, proof of relationship required.
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.

Birth records are available for genealogy purposes for birth events occurring over 100 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 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:

<table>
<thead>
<tr>
<th>Photo Driver’s License</th>
<th>Photo State Issued ID</th>
<th>Employment ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>School, College or University ID</td>
<td>US Military ID</td>
<td>Tribal ID</td>
</tr>
<tr>
<td>Alien Registration/Permanent Resident Card</td>
<td>Temporary Resident Card</td>
<td>US Passport</td>
</tr>
</tbody>
</table>

OR two forms of identification from the following list:

<table>
<thead>
<tr>
<th>Social Security Card</th>
<th>Utility Bill (showing address)</th>
<th>Medicaid Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snap/EBT card (showing address)</td>
<td>Work Identification</td>
<td>Veteran Universal Access ID Card</td>
</tr>
</tbody>
</table>

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 a 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 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.

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 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 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. Most records will be available while you wait, some require special processing and will be mailed within 7 – 10 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 done using an online service or by telephone. The private company approved to handle credit card transactions for Mississippi birth records can be accessed by calling 601-576-7988 or by visiting [www.msrd.state.ms.us/phs](http://www.msrd.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 AND COPY OF IDENTIFICATION TO:

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

Mississippi State Department of Health  
Revised 3-18-11  
Form 522E
# APPLICATION FOR CERTIFIED MISSISSIPPI DEATH CERTIFICATE

Mississippi State Department of Health  
Vital Records  
P. O. Box 1700, Jackson, Mississippi 39215-1700

<table>
<thead>
<tr>
<th>FULL NAME OF DECEASED</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF DEATH</td>
<td>MONTH</td>
<td>DAY</td>
<td>YEAR (4 DIGITS)</td>
</tr>
<tr>
<td>PLACE OF DEATH</td>
<td>COUNTY</td>
<td>CITY OR TOWN</td>
<td>STATE</td>
</tr>
<tr>
<td>SEX</td>
<td>RACE</td>
<td>SOCIAL SECURITY NUMBER</td>
<td>AGE AT DEATH</td>
</tr>
<tr>
<td>NAME OF FATHER</td>
<td>NAME</td>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>PERSON OR FACILITY REQUESTING COPY</td>
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<tr>
<td>RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE</td>
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<tr>
<td>SIGNATURE OF APPLICANT</td>
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</table>

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.

Additional Certified copies of the same certificate ordered at the same time. $5.00 for each additional certified copy.

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**

<table>
<thead>
<tr>
<th>No. of Copies</th>
<th>Amt. Enclosed</th>
</tr>
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</table>

**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 Identities.** (See back for other acceptable forms).

**APPLICANT NAME/DELIVERY INFORMATION**

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.

PRINT YOUR MAILING ADDRESS HERE

<table>
<thead>
<tr>
<th>Applicant Name (Type or Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Address, including APT number if applicable</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Work phone number, including area code</td>
</tr>
</tbody>
</table>

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

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<tbody>
<tr>
<td>36</td>
<td>37</td>
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<tr>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>c.d.</td>
<td>cwa.</td>
</tr>
</tbody>
</table>
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 much 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:

- 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 601-576-7981

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.msbd.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

Mississippi State Department of Health
Revised 3-21-11
Form S23E

15
APPLICATION FOR CERTIFIED MISSISSIPPI STATISTICAL RECORD OF MARRIAGE
Mississippi State Department of Health
Vital Records
P. O. Box 1700, Jackson, Mississippi 39215-1700

Requirement for ordering: If applicant is self, spouse, parent, grandparent, sibling, child, grand child, or legal representative, then this application must be completed and a copy of a valid photo identification of the applicant must be provided. Acceptable forms of identification are the following: Driver’s License, State Identification Card, Passport, and/or Military Identification Card. (See back for other acceptable forms). Legal representative must submit proof of legal representation with this application.

INFORMATION ABOUT BRIDE AND GROOM WHOSE STATISTICAL RECORD OF MARRIAGE IS REQUESTED (Please Print)

<table>
<thead>
<tr>
<th>NAME OF GROOM</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF BRIDE</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF MARRIAGE</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR (FOUR DIGIT)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PLACE OF MARRIAGE</th>
<th>COUNTY</th>
<th>CITY OR TOWN</th>
<th>STATE</th>
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<table>
<thead>
<tr>
<th>PLACE LICENSE WAS ISSUED</th>
<th>COUNTY</th>
<th>CITY OR TOWN</th>
<th>STATE</th>
</tr>
</thead>
</table>

PERSON REQUESTING CERTIFIED COPY

<table>
<thead>
<tr>
<th>RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE</th>
<th>PURPOSE FOR WHICH COPY IS TO BE USED</th>
</tr>
</thead>
</table>

SIGNATURE OF APPLICANT

DATE

A MARRIAGE 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 marriage record on file (Records have been kept since January 1, 1926. From July 1, 1938 to December 31, 1941, records were kept only by the Circuit Court Clerk in the county in which the marriage license was issued.) If the record is not found, a “Not on File” statement will be issued. Surrounding counties and five years centered on year of marriage are searched if record is not located within county or year specified.

Additional Certified copies of the same certificate ordered at the same time. $5.00 for each additional copy.

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)

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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

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<table>
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<tr>
<th>Delivery Address, including APT. number if applicable</th>
<th>Home phone number, including area code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
<th>Work phone number, including area code</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>12 – 36</th>
<th>S.C.</th>
<th>SUP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 – 66</td>
<td>S.C.</td>
<td>P.</td>
</tr>
<tr>
<td>S.C.</td>
<td>C.D.</td>
<td>CWA.</td>
</tr>
</tbody>
</table>
INFORMATION AND INSTRUCTIONS FOR MARRIAGE RECORD APPLICATION

Eligibility: A certified copy of a marriage 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(s), persons listed on the record.
2) Parent(s) of the registrant listed on the marriage record, proof of relationship required.
3) Spouse, sibling(s), or grandparent(s)/child(ren) of registrant, proof of relationship required.
4) Legal representative of one of the above persons, proof of representation must be provided.
5) Other person(s) by court order, certified copy of court order must be provided.

Marriage records are available for genealogy purposes for marriage events occurring over 100 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 self, spouse, parent, grandparent, sibling, child, grandchild, 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:

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</table>

Legal representative must submit proof of 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.

Relationship to Registrant: 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.

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 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 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.

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

Mississippi State Department of Health
Revised 5-29-09
Form 502 E
SOCIAL SECURITY CARD

Source: http://www.socialsecurity.gov/ssnumber/

How do I replace my Social Security Card?

To receive a replacement Social Security Card, you must fill out Form SS-5 (Application for Social Security Card) and provide an original or certified copy of identification. The preferred ID is a driver’s license, state ID card or passport. If you do not have one of these, the office may accept other identification, such as a Military ID card, employee or student ID card, health insurance card or certified medical record. For additional help, contact the Social Security Administration at 1-800-772-1213 or Office of Public Inquiries, Social Security Administration, Windsor Park Building, 6401 Security Blvd., Baltimore, MD 21235.

Where do I go?

You may go to any Social Security office in persons (see list of offices below). Or you may mail the application to any Social Security office. Your documents will be returned to you.

What is the fee?

There is no charge for replacing Social Security Cards.

Local Social Security Offices

Biloxi 946 Tommy Munro Drive, Biloxi, MS 39532 (228) 388-1432
Brookhaven 1392 Johnny Johnson Dr, Brookhaven, MS 39601 (601) 833-3931
Clarksdale 236 Sharkey Ave, Clarksdale, MS 38614 (662) 631-7670
Cleveland 407 Industrial Parkway, Cleveland, MS 38732 (662) 846-6664
Columbus 357 Bluecutt Road, Columbus, MS 39705 (662) 328-5112
Corinth 1050 S. Harper Rd, Corinth, MS 38834 (662) 287-9922
Forest 558 Deer Field Drive, Forest, MS 39074 (601) 469-1177
Greenville 305 Main Street, Greenville, MS 38701 (601) 602-8776
Greenwood 604 Yalobusha St, Greenwood, MS 38930 (662) 331-2209
Grenada 1301 Sunset Drive, Grenada, MS 38901 (662) 593-8523
Gulfport 9394 Three Rivers Road, Gulfport, MS 39503 (228) 868-2854
Hattiesburg 1911 Broadway Drive, Hattiesburg, MS 39402 (662) 331-2186
Jackson 100 W Capitol Street, Jackson, MS 39269 (662) 331-8135
Kosciusko 80 Veteran Memorial Dr, Kosciusko, MS 39090 (662) 289-4111
Laurel 446 N 6th Ave, Laurel, MS 39440 (866) 964-4927
McComb 211 Gay Street, McComb, MS 39648 (601) 684-4831
Meridian 4817 North Park Dr, Meridian, MS 39305 (601) 693-5010
Moss Point 6000 Hwy 63, Moss Point, MS 39563 (228) 474-7021
Natchez 110 Lower Woodville Rd, Natchez, MS 39120 (601) 442-3724
Olive Branch 8760 Mid South Dr, Olive Branch, MS 38654 (662) 739-4771
Philadelphia 100 Pilot St, Philadelphia, MS 39350 (877) 531-4681
Starkville 1089c Stark Rd, Starkville, MS 39759 (662) 323-9211
Tupelo 199 Saddle Creek Drive, Tupelo, MS 38801 (662) 842-6582
Vicksburg 4155 Clay Street, Vicksburg, MS 39183 (662) 964-0996

Application for a Social Security Card
http://www.socialsecurity.gov/online/ss-5.pdf
SOCIAL SECURITY ADMINISTRATION
Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:
- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card
To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card
To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record
To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS
Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS
If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.
EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT: If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age
In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:
- U.S. Hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity
You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:
- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship
In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status
You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, I-888B, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.
HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½” x 11” (or A4 8.25” x 11.7”) paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, “1998” for year of birth.

5. If you check “Legal Alien Not Allowed to Work” or “Other,” you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security Card for a child under age 18, you MUST show the mother's and father's Social Security numbers unless the mother and/or father was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the “unknown” box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an “X” mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to https://secure.ssa.gov/apps5z/FOLOC/fo001.jsp to find the Social Security office or Social Security Card Center that serves your area.
PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at www.socialsecurity.gov or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.
**SOCIAL SECURITY ADMINISTRATION**

**Application for a Social Security Card**

1. **NAME** →
   - Full Name: ____________________________
   - First: ____________________________
   - Middle Name: ____________________________
   - Last: ____________________________

2. **FULL NAME AT BIRTH** →
   - First: ____________________________
   - Middle Name: ____________________________
   - Last: ____________________________

3. **PLACE OF BIRTH** →
   - City: ____________________________
   - State or Foreign Country: ____________________________
   - FCI: ____________________________
   - Date of Birth: MM/DD/YYYY

4. **CITIZENSHIP** →
   - U.S. Citizen: ☐
   - Legal Alien: ☐
   - Legal Alien Not Allowed To Work: ☐
   - Other (Specify): ____________________________

5. **ETHNICITY** →
   - Native Hawaiian: ☐
   - Alaska Native: ☐
   - American Indian: ☐
   - Black/African American: ☐
   - Other Pacific Islander: ☐
   - White: ☐

6. **SEX** →
   - Male: ☐
   - Female: ☐

7. **RACE** →
   - Select One or More: ☐
   - Native Hawaiian: ☐
   - Alaska Native: ☐
   - American Indian: ☐
   - Black/African American: ☐
   - Other Pacific Islander: ☐
   - White: ☐

8. **A. MOTHER'S NAME AT HER BIRTH** →
   - First: ____________________________
   - Middle Name: ____________________________
   - Last Name at Her Birth: ____________________________

9. **B. MOTHER'S SOCIAL SECURITY NUMBER** →
   - (See instructions for 9 B on Page 3)

10. **A. FATHER'S NAME** →
   - First: ____________________________
   - Middle Name: ____________________________
   - Last: ____________________________

11. **B. FATHER'S SOCIAL SECURITY NUMBER** →
    - (See instructions for 10 B on Page 3)

12. **Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before?**
   - Yes (If “yes” answer questions 12-13): ☐
   - No: ☐
   - Don’t Know (If “don’t know,” skip to question 14): ☐

13. **Name shown on the most recent Social Security card issued for the person listed in item 1** →
   - First: ____________________________
   - Middle Name: ____________________________
   - Last Name: ____________________________

14. **TODAY'S DATE** →
    - MM/DD/YYYY

15. **DAYTIME PHONE NUMBER** →
    - Area Code: ____________
    - Number: ____________

16. **MAILING ADDRESS** →
    - (Do Not Abbreviate)
    - City: ____________________________
    - State/Foreign Country: ____________________________
    - ZIP Code: ____________

17. **YOUR SIGNATURE** →
    - Printed Name: ____________________________

18. **YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:**
    - Self: ☐
    - Nature Of Adoptive Parent: ☐
    - Legal Guardian: ☐
    - Other (Specify): ____________________________

**DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)**

- NPN: ____________
- DOC: ____________
- NTI: ____________
- CAN: ____________
- NWR: ____________
- DNR: ____________
- UNIT: ____________

- Evidence Submitted: ____________________________

- Signature and Title of Employee(s) Reviewing Evidence and/or Conducting Interview:
  - Date: ____________

- OLR: ____________

CAR AND MOBILE HOME TITLES

Source: http://www.dor.ms.gov/

What vehicles are required to be titled?

Since 1969, the State of Mississippi has required all motor vehicles to be titled. Since 1999, trailers over 5000 pounds gross vehicle weight (GVW) and manufactured homes must also be titled. Pre-1969 vehicles and all-terrain vehicles (ATVs) may be voluntarily titled.

What does it cost to make application for a Mississippi Title?

There is a $9.00 fee for a motor vehicle title or a manufactured home title. A “Fast Track” title is available for an additional $39.00 if you need expedited processing of the title application. Designated agents may add $1.00 to the transaction as their fee for services rendered.

How long does it take to get my replacement title from the state?

It normally takes 10-14 days from time the application is received by the Mississippi Department of Revenue to receive a duplicate or replacement title. Fast-track titles are issued within 72 hours of receipt of the application.

How do I get a replacement title?

You may apply in person at your local tax collector’s office. You will need your current driver’s license or photo ID. You may also submit a standard application your STANDARD application (Form 78-006) by mailing it to:

Mississippi Department of Revenue
Title Bureau
P.O. Box 1383
Jackson, MS 39215
Phone: 601-923-7200

Submit Fast-track applications (Form 78-026) ($39.00) by mail to:

Mississippi Fast-Track Title Program
P.O. Box 22845
Jackson, MS 39225-2845

Application for Replacement Certificate Title
http://www.dor.ms.gov/docs/title_7800610.pdf

FAST TRACK Application for Replacement Certificate Title
Application for Replacement Certificate of Title

Type or Print Only

Application for Replacement Certificate of Title

Name

Year

Vehicle Identification Number

Title Number

Owner’s Last Name

First Name(s)

Middle Name

Street, RFD

City

State

Zip

Certification

If we, the registered owner or lienholder of the above described vehicle, hereby make application for a Replacement Certificate of Title and certify that the original has been (Check appropriate box.)

☐ Lost

☐ Never received from the Department

☐ Stolen

☐ Never received from the Lienholder

☐ Other (State why replacement is applied for if none of above apply)

I/We understand that upon issuance of the replacement title, the original title becomes void and must be returned to the Department of Revenue should it be found. I/We also understand the replacement title shall contain the legend “This is a replacement certificate and may be subject to the rights of a person under the original certificate.”

☐ MADE BY OWNER: If a lienholder was shown on the original title, a lien release must be included with this replacement application. Application must be signed by owner(s). If title is in a business name, person signing application must list their position in the company next to their signature. Example: John Doe, President

☐ MADE BY LIENHOLDER: If lienholder directs Department of Revenue to mail title to owner, a lien release must be included and owner(s) must sign application. If no lien release is provided and owner(s) does not sign, replacement title will be mailed to lienholder as shown on title.

Applicant hereby directs the Department of Revenue to mail or deliver the title as set forth above.

I, the undersigned hereby certify that I am the registered owner or lienholder of the above described vehicle.

Owner’s Signature

Joint Owner’s Signature

Lienholder’s Name

Agent

Signature of Lienholder Authorized Representative

Date

Month

Day

Year

Fee for Replacement Title is payable by Cashier’s Check, Personal Check, Certified Check or other form of Certified funds. FEE OF $9.00

TO: MISSISSIPPI DEPARTMENT OF REVENUE

TITLE BUREAU

P.O. BOX 1383 JACKSON, MS 39215-1383

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM
Instructions and Tips On Replacement Title Request

1. Only apply for a replacement title if you are certain there was a previous Mississippi title.
2. Application for replacement title (78-006) requires a fee of $9.00.
3. Application for FAST TRACK Replacement Certificate of Title (78-026) requires a fee of $39.00.
4. If the replacement title is to be mailed to anyone other than the owner, you must submit a power of attorney, executed by the owner, authorizing us to do so; and the person holding power of attorney must sign application and indicate “P.O.A.” Licensed dealers must use the Secure Power of Attorney form 79-006 / 78-004.
5. If a lien shows on the Department of Revenue's computer system, the replacement title can only be mailed or given to the lienholder, unless a completed lien release is provided by the lienholder. If the lienholder has gone out of business or changed names and the loan has been paid in full, it is still the owner’s responsibility to obtain a lien release.
6. If the current title was issued in joint ownership with the names joined by “and” both signatures are required on the replacement application.
7. Once a replacement title is issued, the original title becomes VOID. If the original title is later found it should be surrendered to the Department of Revenue.

Complete all information and mail to:

Mississippi Department of Revenue
Title Bureau
P. O. Box 1383
Jackson, MS 39215

If you need a copy of this form for your records you may make a photocopy, this original application will not be returned to you.
DO NOT WRITE IN THIS SPACE

FAST TRACK Application for Replacement Certificate of Title

<table>
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<tr>
<th>MAKE</th>
<th>YEAR</th>
<th>VEHICLE IDENTIFICATION NUMBER</th>
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<th>TITLE NUMBER</th>
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Owner's Last Name

FIRST NAME(S) MIDDLE NAME

Street, RFD

CITY STATE ZIP

☐ Lost ☐ Never received from the Department
☐ Mutilated, Destroyed or Ineligible; ☐ Stolen;
☐ Never received from the Lienholder.
☐ Other (State why replacement is applied for if none of above apply)

I/We, the registered owner or lienholder of the above described vehicle, hereby make application for a Replacement Certificate of Title and certify that the original has been (Check appropriate box.)

I/We understand that upon issuance of the replacement title, the original title becomes void and must be returned to the Department of Revenue should it be found. I/We also understand the replacement title shall contain the legend “this is a replacement certificate and may be subject to the rights of a person under the original certificate.”

☐ MADE BY OWNER: If a lienholder was shown on the original title, a lien release must be included with this replacement application. Application must be signed by owner(s). If title is in a business name, person signing application must list their position in the company next to their signature. Example: John Doe, President

☐ MADE BY LIENHOLDER: If lienholder directs Department of Revenue to mail title to owner, a lien release must be included and owner(s) must sign application. If no lien release is provided and owner(s) does not sign, replacement title will be mailed to lienholder as shown on title.

COMPLETE THIS SECTION, PRINTING OR TYPING ALL INFORMATION

IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER, ATTACH COPY OF POWER OF ATTORNEY, DEALER ATTACH COPY 2 OF FORM 7-039 / 9-034. OTHERS USE 7-093.

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<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
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</table>

Joint Owner's Signature

Lienholder's Name

Agent (Signature of Lienholder Authorized Representative)

Date MONTH DAY YEAR

Owner's Signature

FEE OF $39.00 TO: MISSISSIPPI FAST TRACK TITLE PROGRAM
P. O. BOX 22845 JACKSON, MS 39232-2445

SEE INSTRUCTIONS ON REVERSE SIDE OF FORM
Instructions and Tips On Fast Track Replacement Title Request

1. Only apply for a replacement title if you are certain there was a previous Mississippi title.

2. Application for FAST TRACK replacement title (78-026) requires a fee of $39.00.

3. If the replacement title is to be mailed to anyone other than the owner, you must submit a power of attorney, executed by the owner, authorizing us to do so; and the person holding 'power of attorney must sign application and indicate "P.O.A." Licensed dealers must use the Secure Power of Attorney form 79-006/78-004.

4. If applying for a replacement title in person, a valid photo I.D. will be required.

5. If the current title was issued in joint ownership with the names joined by "and" both signatures are required on the replacement application.

6. If we still show a lien on the computer the replacement title can only be mailed or given to the lienholder, unless you have a lien release completed and signed by the lienholder.

7. Once a replacement title is issued, the original title becomes VOID. If the original title is later found it should be surrendered to the Department of Revenue.

Complete all information and mail to:

Mississippi Fast Track Title Program
P. O. Box 22845
Jackson, MS 39225-2845

If you need a copy of this form for your records you may make a photocopy, this original application will not be returned to you.
COURT AND LAND RECORDS

Where can I get copies of court records of family law matters?

To recover copies of judgments of divorce, child custody, child support, or guardianship, you should contact the Clerk of the Chancery Court in the county where the action was filed. To make a request, you must provide the Clerk with the names of the parties to the action as they were at the time the action was filed. If possible, you should also provide the Clerk’s office with the date of the order and the type of order you are requesting (divorce decree, child support). You may also be able to obtain a copy from the attorney who represented you in the action.

Where can I get land records, such as deeds and mortgages?

Land records are maintained in the Office of the Chancery Clerk for the county in which the land is located. For deeds to property, you will need the name of the owner of the property or the seller of the property as they appeared on the deed. For a mortgage or deed of trust, you will need to provide the name of the borrower or the name of the lender as they appeared on the document. You may also be able to obtain a copy of a deed or mortgage instrument from the attorney who handled the transaction or from your lender.

Check with the proper court.

Because the procedures for obtaining documents may vary from one county to another, you should call the proper Chancery Clerk’s office to ask whether you may submit a written or telephonic request or whether you should come to the courthouse to obtain a copy of the document. In some counties, the documents may be available online. The numbers for the Chancery Court Clerks for all counties in Mississippi follows.

Chancery Court Clerk Contact Information

### Chancery Court Clerks

#### May 28, 2008

#### Adams County Chancery Court Clerk

- **Name:** Thomas J. O’Beirne
- **Address:** P.O. Box 1006
- **Location:** Natchez, MS 39121
- **Phone:** 601-446-6684
- **Fax:** 601-445-7913

#### Alcorn County Chancery Court Clerk

- **Name:** Bobby Marolt
- **Address:** P.O. Box 69
- **Location:** Corinth, MS 38835-0069
- **Phone:** 662-286-7700
- **Fax:** 662-286-7706

#### Amite County Chancery Court Clerk

- **Name:** Ronny Taylor
- **Address:** P.O. Box 680
- **Location:** Liberty, MS 39645
- **Phone:** 601-657-8022
- **Fax:** 601-657-8288

#### Attala County Chancery Court Clerk

- **Name:** Gerry Taylor
- **Address:** 230 West Washington St.
- **Location:** Kosciusko, MS 39090
- **Phone:** 662-289-2921
- **Fax:** 662-289-7662

#### Benton County Chancery Court Clerk

- **Name:** Mark M. Ormon
- **Address:** P.O. Box 218
- **Location:** Ashland, MS 38603
- **Phone:** 662-224-6300
- **Fax:** 662-224-6303

#### Bolivar County Chancery Court Clerk

- **1st District**
  - **Name:** Brenett N. Haynes
  - **Address:** P.O. Box 238
  - **Location:** Rosedale, MS 38769
  - **Phone:** 662-759-3762
  - **Fax:** 662-759-3467

- **2nd District**
  - **Name:** Brenett N. Haynes
  - **Address:** P.O. Box 789
  - **Location:** Cleveland, MS 38732
  - **Phone:** 662-843-2071
  - **Fax:** 662-846-2940

#### Calhoun County Chancery Court Clerk

- **Name:** Jerry S. Moore, Jr.
- **Address:** P.O. Box 8
- **Location:** Pittsboro, MS 38951
- **Phone:** 662-412-3117
- **Fax:** 662-412-3128

#### Carroll County Chancery Court Clerk

- **1st District**
  - **Name:** Stanley “Sugar” Mullins
  - **Address:** P.O. Box 60
  - **Location:** Carrollton, MS 38917
  - **Phone:** 662-237-9274
  - **Fax:** 662-237-9642

- **2nd District**
  - **Name:** Stanley “Sugar” Mullins
  - **Address:** P.O. Box 6
  - **Location:** Vaiden, MS 39176
  - **Phone:** 662-464-5476
  - **Fax:** 662-464-5407

#### Chickasaw County Chancery Court Clerk

- **1st District**
  - **Name:** Wanda Carlisle
  - **Address:** 1 Pinson Square Rd.
  - **Location:** Houston, MS 38851
  - **Phone:** 662-456-2513
  - **Fax:** 662-456-5295

- **2nd District**
  - **Name:** Wanda Carlisle
  - **Address:** 234 W. Main St., Rm 201
  - **Location:** Okolona, MS 38860
  - **Phone:** 662-447-2092
  - **Fax:** 662-447-5024

#### Choctaw County Chancery Court Clerk

- **Name:** Don Threadgill
- **Address:** P.O. Box 250
- **Location:** Ackerman, MS 39735
- **Phone:** 662-285-6329
- **Fax:** 662-285-3444
Claiborne County Chancery Court Clerk  
Gloria Dotson  P.O. Box 449  Port Gibson, MS  39150  Phone: 601-437-4992  Fax: 601-437-3137

Clarke County Chancery Court Clerk  
Angie Wade Chisholm  P.O. Box 689  Quitman, MS  39355  Phone: 662-776-2126  Fax: 601-776-2756

Clay County Chancery Court Clerk  
Robbie Robinson  P.O. Box 815  West Point, MS  39773  Phone: 662-494-3124  Fax: 662-492-4059

Coahoma County Chancery Court Clerk  
Ed Peacock, III  P.O. Box 98  Clarksdale, MS  38614  Phone: 662-624-3000  Fax: 662-624-3040

Copiah County Chancery Court Clerk  
Steve Amos  P.O. Box 507  Hazlehurst, MS  39083  Phone: 601-894-4101  Fax: 601-894-4081

Covington County Chancery Court Clerk  
Jimmie Baggett  P.O. Drawer 1679  Collins, MS  39428  Phone: 601-765-4242  Fax: 601-765-5016

DeSoto County Chancery Court Clerk  
W.E. "Sluggo" Davis  P.O. Box 949  Hernando, MS  38632  Phone: 662-429-1318  Fax: 662-449-1420

Forrest County Chancery Court Clerk  
Jimmy C. Havard  P.O. Box 951  Hattiesburg, MS  39401  Phone: 601-545-6014  Fax: 601-545-6017

Franklin County Chancery Court Clerk  
Jill Jordan Gilbert  P.O. Box 297  Meadville, MS  39653  Phone: 601-384-2330  Fax: 601-384-5864

George County Chancery Court Clerk  
Cammie Brannan Byrd  355 Cox St., St A  Lacedale, MS  39452  Phone: 601-947-4801  Fax: 601-947-1300

Greene County Chancery Court Clerk  
Michelle Eubanks  P.O. Box 610  Leakesville, MS  39451  Phone: 601-394-2377  Fax: 601-394-4445

Grenada County Chancery Court Clerk  
Johnny L. Hayward  P.O. Box 1208  Grenada, MS  38902-1208  Phone: 662-226-1821  Fax: 662-227-2860

Hancock County Chancery Court Clerk  
Timothy Kellar  3068 Longfellow, Bld 2B  Bay St. Louis, MS  39520  Phone: 228-467-5404  Fax: 228-467-3159

Harrison County Chancery Court Clerk  
1st District  
John McAdams  P.O. Drawer CC  Gulfport, MS  39502  Phone: 228-865-4036  Fax: 228-868-1480

2nd District  
John McAdams  P.O. Drawer 544  Biloxi, MS  39533  Phone: 228-435-8220  Fax: 228-435-8292
<table>
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<tr>
<th>County</th>
<th>Chancery Court Clerk</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hinds County</strong></td>
<td><em>1st District</em> Eddie Jean Carr</td>
<td>P.O. Box 686</td>
<td>Jackson, MS 39205-0686</td>
<td>601-968-6537 601-973-5554</td>
</tr>
<tr>
<td></td>
<td><em>2nd District</em> Eddie Jean Carr</td>
<td>P.O. Box 88</td>
<td>Raymond, MS 39154</td>
<td>601-857-8055 601-857-4953</td>
</tr>
<tr>
<td><strong>Holmes County</strong></td>
<td>Dorothy Jean Ford-Smith</td>
<td>P.O. Box 239</td>
<td>Lexington, MS 39095</td>
<td>662-834-2508 662-834-1872</td>
</tr>
<tr>
<td><strong>Humphreys County</strong></td>
<td>Lawrence D. Browder</td>
<td>P.O. Box 547</td>
<td>Belzoni, MS 39038</td>
<td>662-247-1740 662-247-0101</td>
</tr>
<tr>
<td><strong>Issaquena County</strong></td>
<td>Erline Fortner</td>
<td>P.O. Box 27</td>
<td>Mayersville, MS 39113</td>
<td>601-873-2761 601-873-2061</td>
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<tr>
<td><strong>Itawamba County</strong></td>
<td>James “Jim” E. Witt</td>
<td>P.O. Box 776</td>
<td>Fulton, MS 38843</td>
<td>662-862-3421 662-862-3421</td>
</tr>
<tr>
<td><strong>Jackson County</strong></td>
<td>Terry Miller</td>
<td>P.O. Box 998</td>
<td>Pascagoula, MS 39568</td>
<td>228-769-3499 228-769-3135</td>
</tr>
<tr>
<td><strong>Jasper County</strong></td>
<td><em>1st District</em> Barbara Downs Ravenhorst</td>
<td>P.O. Box 38</td>
<td>Paulding, MS 39348</td>
<td>601-727-4971 601-727-4475</td>
</tr>
<tr>
<td></td>
<td><em>2nd District</em> Barbara Downs Ravenhorst</td>
<td>P.O. Box 1047</td>
<td>Bay Springs, MS 39422</td>
<td>601-764-3368 601-764-4999</td>
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<tr>
<td><strong>Jefferson County</strong></td>
<td>Delores Frye</td>
<td>P.O. Box 145</td>
<td>Fayette, MS 39069-0145</td>
<td>601-786-3021 601-786-6009</td>
</tr>
<tr>
<td><strong>Jefferson Davis County</strong></td>
<td>John William Davies</td>
<td>P.O. Box 1137</td>
<td>Prentiss, MS 39474</td>
<td>601-792-4204 601-792-2894</td>
</tr>
<tr>
<td><strong>Jones County</strong></td>
<td><em>1st District</em> Larry Ishee</td>
<td>P.O. Box 248</td>
<td>Ellisville, MS 39437</td>
<td>601-477-3307 601-477-1240</td>
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<tr>
<td></td>
<td><em>2nd District</em> Larry Ishee</td>
<td>P.O. Box 1468</td>
<td>Laurel, MS 39441</td>
<td>601-428-0527 601-428-3602</td>
</tr>
<tr>
<td><strong>Kemper County</strong></td>
<td>Sherline D. Watkins</td>
<td>P.O. Box 188</td>
<td>Dekalb, MS 39328</td>
<td>601-743-2460 601-743-2789</td>
</tr>
<tr>
<td><strong>Lafayette County</strong></td>
<td>Sherry J. Wall</td>
<td>P.O. Box 1240</td>
<td>Oxford, MS 38655</td>
<td>662-234-7563 662-234-5402</td>
</tr>
</tbody>
</table>
Lamar County Chancery Court Clerk
Wayne Smith  P.O. Box 247  Purvis, MS  39475  Phone: 601-794-8504  Fax: 601-794-3903

Lauderdale County Chancery Court Clerk
Carolyn Mooney  P.O. Box 1587  Meridian, MS  39302-1587  Phone: 601-482-9701  Fax: 601-486-4941

Lawrence County Chancery Court Clerk
Kevin Rayborn  P.O. Box 821  Monticello, MS  39654  Phone: 601-587-7162  Fax: 601-587-0750

Leake County Chancery Court Clerk
Dot Merchant  P.O. Box 72  Carthage, MS  39051  Phone: 601-267-7371  Fax: 601-267-6137

Lee County Chancery Court Clerk
Bill Benson  P.O. Box 7127  Tupelo, MS  38802  Phone: 662-841-9100  Fax: 662-680-6091

LeFlore County Chancery Court Clerk
Sam Abraham  P.O. Box 250  Greenwood, MS  38935  Phone: 662-453-6203  Fax: 601-455-7965

Lincoln County Chancery Court Clerk
Tillmon Bishop  P.O. Box 555  Brookhaven, MS  39602  Phone: 601-835-3411  Fax: 601-835-3423

Lowndes County Chancery Court Clerk
Charles J. Younger  P.O. Box 684  Columbus, MS  39703  Phone: 662-329-5800

Madison County Chancery Court Clerk
Arthur Johnston  P.O. Box 404  Canton, MS  39046  Phone: 601-859-1177  Fax: 601-859-0337

Marion County Chancery Court Clerk
Cass Barnes  250 Broad St, Ste 2  Columbia, MS  39429  Phone: 601-736-2691  Fax: 601-444-0206

Marshall County Chancery Court Clerk
Chuck Thomas  P.O. Box 219  Holly Springs, MS  38635  Phone: 662-252-4431  Fax: 662-252-0004

Monroe County Chancery Court Clerk
Ronnie Boozer  P.O. Box 578  Aberdeen, MS  39730  Phone: 662-369-8143  Fax: 662-369-7928

Montgomery County Chancery Court Clerk
Talmadge “Tee” Golding  P.O. Box 71  Winona, MS  38967  Phone: 662-283-2333  Fax: 662-283-2233

Neshoba County Chancery Court Clerk
Larry McMillan  401 Beacon St, Ste 107  Philadelphia, MS  39350  Phone: 601-656-3581  Fax: 601-656-5915

Newton County Chancery Court Clerk
George T. Hayes, Jr.  P.O. Box 68  Decatur, MS  39327  Phone: 601-635-2367  Fax: 601-635-4531
**Noxubee County Chancery Court Clerk**  
Mary Ruth Shelton  
505 South Jefferson  
Macon, MS 39341  
Phone: 662-726-4243  
Fax: 662-726-2272

**Oktibbeha County Chancery Court Clerk**  
Monica Banks  
101 East Main St.  
Starkville, MS 39759  
Phone: 662-323-5834  
Fax: 662-328-1064

**Panola County Chancery Court Clerk**  
1st District  
Jim Pitcock  
215 Pochontas St.  
Sardis, MS 38666  
Phone: 662-487-2070  
Fax: 662-487-3559

**Panola County Chancery Court Clerk**  
2nd District  
Jim Pitcock  
151 Public Square  
Batesville, MS 38606  
Phone: 662-563-6205  
Fax: 662-563-6277

**Pearl River County Chancery Court Clerk**  
David Earl Johnson  
P.O. Box 431  
Poplarville, MS 39470  
Phone: 601-403-2300  
Fax: 601-403-2317

**Perry County Chancery Court Clerk**  
Vickie Walters  
P.O. Box 198  
New Augusta, MS 39462  
Phone: 601-964-8398  
Fax: 601-964-8265

**Pike County Chancery Court Clerk**  
Doug Touchstone  
P.O. Box 309  
Magnolia, MS 39652  
Phone: 601-783-3362  
Fax: 601-783-5982

**Pontotoc County Chancery Court Clerk**  
Reggie Collums  
P.O. Box 209  
Pontotoc, MS 38863  
Phone: 662-489-3900  
Fax: 662-489-3940

**Prentiss County Chancery Court Clerk**  
Travis W. Childers  
P.O. Box 477  
Booneville, MS 38829  
Phone: 662-728-8151  
Fax: 662-728-2007

**Quitman County Chancery Court Clerk**  
Butch Scipper  
220 Chestnut St., Ste 2  
Marks, MS 38646  
Phone: 662-326-2661  
Fax: 662-326-8004

**Rankin County Chancery Court Clerk**  
Larry Swales  
P.O. Box 700  
Brandon, MS 39042  
Phone: 601-825-1469  
Fax: 601-824-7116

**Scott County Chancery Court Clerk**  
Billy Frank Alford  
P.O. Box 630  
Forest, MS 39074  
Phone: 601-469-1922  
Fax: 601-469-5180

**Sharkey County Chancery Court Clerk**  
Miranda Williams  
P.O. Box 218  
Rolling Fork, MS 39159  
Phone: 662-873-2755  
Fax: 662-873-6045

**Simpson County Chancery Court Clerk**  
Tommy Joe Harvey  
P.O. Box 367  
Mendenhall, MS 39114  
Phone: 601-847-2626  
Fax: 601-847-7004

**Smith County Chancery Court Clerk**  
C. Gary Crumpton  
P.O. Box 39  
Raleigh, MS 39153  
Phone: 601-782-8911  
Fax: 601-782-4690
<table>
<thead>
<tr>
<th>County</th>
<th>Clerk Name</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City</th>
<th>Zip Code</th>
<th>Phone</th>
<th>Fax</th>
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<tr>
<td>Stone County</td>
<td>Gerald W. Bond</td>
<td>P.O. Drawer 7</td>
<td></td>
<td>Wiggins</td>
<td>39577</td>
<td>601-928-5266</td>
<td>601-928-6464</td>
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<tr>
<td>Sunflower County</td>
<td>Paula S. Sykes</td>
<td>P.O. Box 988</td>
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<td>Indianola</td>
<td>38751-0988</td>
<td>662-887-4703</td>
<td>601-887-7054</td>
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<tr>
<td>Tallahatchie County 1st District</td>
<td>Anita Mullen Fountain</td>
<td>P.O. Box 350</td>
<td></td>
<td>Charleston</td>
<td>38921</td>
<td>662-647-5551</td>
<td>662-647-3702</td>
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<tr>
<td>Tallahatchie County 2nd District</td>
<td>Anita Mullen Fountain</td>
<td>P.O. Box 180</td>
<td></td>
<td>Sumner</td>
<td>38957</td>
<td>662-375-8731</td>
<td>662-375-7252</td>
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<tr>
<td>Tate County</td>
<td>Wayne Crockett</td>
<td>201 Ward Street</td>
<td></td>
<td>Senatobia</td>
<td>38668</td>
<td>662-562-5661</td>
<td>662-560-6205</td>
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<tr>
<td>Tippah County</td>
<td>Rodney McBryde</td>
<td>P.O. Box 99</td>
<td></td>
<td>Ripley</td>
<td>38663</td>
<td>662-837-7374</td>
<td>662-837-7148</td>
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<tr>
<td>Tishomingo County</td>
<td>Peton Cummings</td>
<td>1008 Battleground Dr.</td>
<td></td>
<td>Iuka</td>
<td>38852</td>
<td>662-423-7010</td>
<td>662-423-7005</td>
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<tr>
<td>Tunica County</td>
<td>Susie White</td>
<td>P.O. Box 217</td>
<td></td>
<td>Tunica</td>
<td>38676</td>
<td>662-363-2451</td>
<td>662-357-5934</td>
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<tr>
<td>Union County</td>
<td>Annette Hickey</td>
<td>P.O. Box 847</td>
<td></td>
<td>New Albany</td>
<td>38652</td>
<td>662-534-1900</td>
<td>662-534-1907</td>
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<tr>
<td>Walthall County</td>
<td>Bob A. Bracey</td>
<td>P.O. Box 351</td>
<td></td>
<td>Tylertown</td>
<td>39667</td>
<td>601-876-3553</td>
<td>601-876-6026</td>
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<tr>
<td>Warren County</td>
<td>Dot McGee</td>
<td>P.O. Box 351</td>
<td></td>
<td>Vicksburg</td>
<td>39181</td>
<td>601-636-4415</td>
<td>601-634-4815</td>
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<tr>
<td>Washington County</td>
<td>Marilyn Hansell</td>
<td>P.O. Box 309</td>
<td></td>
<td>Greenville</td>
<td>38702</td>
<td>662-332-1595</td>
<td>662-334-2725</td>
</tr>
<tr>
<td>Wayne County</td>
<td>Marlon West</td>
<td>609 Azalea Drive</td>
<td></td>
<td>Waynesboro</td>
<td>39367</td>
<td>601-735-2873</td>
<td>601-735-6224</td>
</tr>
<tr>
<td>Webster County</td>
<td>Russell S. Turner</td>
<td>P.O. Box 398</td>
<td></td>
<td>Walthall</td>
<td>39771</td>
<td>662-258-4131</td>
<td>662-258-7686</td>
</tr>
<tr>
<td>Wilkinson County</td>
<td>Thomas C. Tolliver, Jr.</td>
<td>P.O. Box 516</td>
<td></td>
<td>Woodville</td>
<td>39669</td>
<td>601-888-4381</td>
<td>601-888-6776</td>
</tr>
</tbody>
</table>
Winston County Chancery Court Clerk
Pam B. Reel  P.O. Drawer 69  Louisville, MS  39339  Phone: 662-773-3631  Fax: 662-773-8825

Yalobusha County Chancery Court Clerk
1st District
Amy Fernandez McMinn  P.O. Box 260  Coffeeville, MS 38922  Phone: 662-675-2716  Fax: 662-675-8004

2nd District
Amy Fernandez McMinn  P.O. Box 664  Water Valley, MS  38965  Phone: 662-473-2091  Fax: 662-473-3622

Yazoo County Chancery Court Clerk
Quint Carver  P.O. Box 68  Yazoo City, MS  39194  Phone: 662-746-2661  Fax: 662-746-2023
WILLS, POWERS OF ATTORNEY, AND HEALTH CARE DIRECTIVES

Source: MISS. CODE ANN. § 41-41-201 ET SEQ.

Wills. Your will provides instructions about disposition of your property when you die. Wills are not maintained in public offices before a person’s death. You should contact the attorney who drafted your will to obtain a copy.

Powers of Attorney. A power of attorney is a document that allows one person to act on behalf of another – to sign documents on their behalf, buy or sell property, or withdraw funds from bank accounts. The attorney who prepared your will or power of attorney should be able to provide you with a copy. If no copy is available, you may need to execute a new power of attorney.

Health Care Directive. A Health Care Directive provides instructions on your wishes for medical care and end-of-life treatment. If you provided your physician with a copy of your directive, you may obtain it from him or her. If you did not, you will need to execute a new document. The Health Care Directive form and instructions that are set out in the Mississippi Code are reproduced on pages 37-42.
From Miss. Code Ann. § 41-41-201 et seq.:

GENERAL EXPLANATION

You have the right to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

PART 1: Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health-care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a residential long-term health-care institution at which you are receiving care.

Unless the form you sign limits the authority of your agent, your agent may make all health-care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health-care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

(a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;

(b) Select or discharge health-care providers and institutions;

(c) Approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and

(d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

PART 2: Part 2 of this form lets you give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

PART 3: Part 3 of this form lets you designate a physician to have primary responsibility for your health care. After completing this form, sign and date the form at the end and have the form witnessed by one of the two alternative methods listed below. Give a copy of the signed and completed form to your physician, to any other health-care providers you may have, to any health-care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health-care directive or replace this form at any time.
PART 1

POWER OF ATTORNEY FOR HEALTH CARE

(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health-care decisions for me:

_________________________________________________________________
(name of individual you choose as agent)

_________________________________________________________________
(address) (city) (state) (zip code)

_________________________________________________________________
(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

_________________________________________________________________
(name of individual you choose as first alternate agent)

_________________________________________________________________
(address) (city) (state) (zip code)

_________________________________________________________________
(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health-care decision for me, I designate as my second alternate agent:

_________________________________________________________________
(name of individual you choose as second alternate agent)

_________________________________________________________________
(address) (city) (state) (zip code)

_________________________________________________________________
(home phone) (work phone)

(2) AGENT'S AUTHORITY: My agent is authorized to make all health-care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:
(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. **If I mark this box [ ], my agent's authority to make health-care decisions for me takes effect immediately.**

(4) AGENT'S OBLIGATION: My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(5) NOMINATION OF GUARDIAN: If a guardian of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.

**PART 2**

**INSTRUCTIONS FOR HEALTH CARE**

If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, **you need not fill out this part of the form.** If you do fill out this part of the form, you may strike any wording you do not want.

(6) END-OF-LIFE DECISIONS: I direct that my health-care providers and others involved in my care provide, withhold or withdraw treatment in accordance with the choice I have marked below (Choose one):

[ ] (a) **CHOICE NOT TO PROLONG LIFE** I do not want my life to be prolonged if: (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, **OR** (iii) the likely risks and burdens of treatment would outweigh the expected benefits, or

[ ] (b) **CHOICE TO PROLONG LIFE** I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

(7) **ARTIFICIAL NUTRITION AND HYDRATION:** Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) **unless I mark the following box.**
If I mark this box [   ], artificial nutrition and hydration must be provided regardless of my condition and regardless of the choice I have made in paragraph (6).

(8) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death: (Insert “none” if no limitations are intended.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(Use additional sheets if needed.)

(9) OTHER WISHES: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) (Insert “none” if no additional instructions are intended.)

I DIRECT THAT: _____________________________________________________________

____________________________________________________________________________
____________________________________________________________________________

(Use additional sheets if needed.)

PART 3:

PRIMARY PHYSICIAN
(OPTIONAL)

(10) I designate the following physician as my primary physician:

______________________________________________________________
(name of physician)

______________________________________________________________
(address) (city) (state) (zip code)

________________________________
(phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

______________________________________________________________
(name of physician)
<table>
<thead>
<tr>
<th>address</th>
<th>city</th>
<th>state</th>
<th>zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td>phone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(11) EFFECT OF COPY: A copy of this form shall have the same effect as the original.

(12) SIGNATURES: Sign and date the form here:

<table>
<thead>
<tr>
<th>date</th>
<th>sign your name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>address</th>
<th>print your name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

(13) WITNESSES: **This power of attorney will not be valid for making health-care decisions UNLESS IT IS EITHER**

(a) signed by two (2) qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature (Alternative No. 1);

**OR**

(b) acknowledged before a notary public in the state (Alternative No. 2).

**ALTERNATIVE NO. 1**

**Witness #1**

I declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

<table>
<thead>
<tr>
<th>date</th>
<th>signature of witness</th>
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</thead>
<tbody>
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<td></td>
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<table>
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<tr>
<th>address</th>
<th>printed name of witness</th>
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</table>

<table>
<thead>
<tr>
<th>city</th>
<th>state</th>
<th>zip</th>
</tr>
</thead>
</table>

**Witness #2**
I declare under penalty of perjury pursuant to Section 97-9-61, Mississippi Code of 1972, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility.

__________________________________________________________________________
(date) (signature of witness)
__________________________________________________________________________
(address) (printed name of witness)
__________________________________________________________________________
(city) (state) (zip)

ALTERNATIVE NO. 2

State of ______________________

County of ______________________

On this ______ day of ________, in the year ________, before me, _____________________________ (insert name of notary public) appeared ______________________________________, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under the penalty of perjury that the person whose name is subscribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Notary Seal

________________________________________________
(Signature of Notary Public)

My Commission Expires: ____________________________
IMMUNIZATION RECORDS

Source: http://www.health.ms.gov/index.htm

The Mississippi Child Immunization Act of 1994 established a centralized registry to be operated by the Department of Health for health care providers to report all childhood immunizations given in the state.

How do I obtain records of immunizations?

You can obtain records by phone by calling the Mississippi Immunization Registry at 1-800-634-9251, or by calling any of the local public health departments listed below. You will need to provide them with the first and last name as well as the date of birth of the person in need of the replacement records.

Only those immunizations that were administered by public health departments and participating private physicians will be available through the Mississippi Immunization Registry. If any of the immunizations were administered at a private facility, then that facility must be contacted for the immunization records.

Below is a listing of all the public health departments by counties. Please contact them directly and supply first name, last name, and date of birth to have a copy of the lost immunization records mailed or faxed.

Mississippi Public Health Departments:

<table>
<thead>
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<th>County</th>
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<td>1428 Byron Street</td>
<td>Ruleville</td>
<td>MS</td>
<td>38771</td>
<td>662-736-4881</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Tallahatchie - Charleston</td>
<td>209 South Pleasant Street</td>
<td>Charleston</td>
<td>MS</td>
<td>38921</td>
<td>662-643-3404</td>
<td>M, Th, F, Closed 1st Th of every month</td>
<td></td>
</tr>
<tr>
<td>Tallahatchie - Sumner</td>
<td>208 Wilson Street</td>
<td>Sumner</td>
<td>MS</td>
<td>38957</td>
<td>662-375-8345</td>
<td>T, W</td>
<td></td>
</tr>
<tr>
<td>Tate</td>
<td>100 Preston McKay Drive</td>
<td>Senatobia</td>
<td>MS</td>
<td>38668</td>
<td>662-562-4428</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Tippah</td>
<td>129 Hospital Street</td>
<td>Ripley</td>
<td>MS</td>
<td>38663</td>
<td>662-837-3215</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Tishomingo</td>
<td>1508 Bettydale Drive</td>
<td>Iuka</td>
<td>MS</td>
<td>38832</td>
<td>662-423-4100</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Tunica</td>
<td>2073 Old Hwy 61 North</td>
<td>Tunica</td>
<td>MS</td>
<td>38676</td>
<td>662-363-2106</td>
<td>T, W, F</td>
<td></td>
</tr>
<tr>
<td>Union</td>
<td>252 Carter Avenue</td>
<td>New Albany</td>
<td>MS</td>
<td>38652</td>
<td>662-534-1926</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Walthall</td>
<td>903 Union Road</td>
<td>Tylertown</td>
<td>MS</td>
<td>38967</td>
<td>601-876-4924</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Warren</td>
<td>807 Monroe Street</td>
<td>Vicksburg</td>
<td>MS</td>
<td>39180</td>
<td>601-636-4356</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Washington - Greenbrier</td>
<td>1633 Hospital Street</td>
<td>Greenville</td>
<td>MS</td>
<td>38701</td>
<td>662-332-8177</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Washington - Leland</td>
<td>801 North Broad Street</td>
<td>Leland</td>
<td>MS</td>
<td>38756</td>
<td>662-486-7711</td>
<td>M, T, F</td>
<td></td>
</tr>
<tr>
<td>Washington - Hollands</td>
<td>306 East Avenue South</td>
<td>Hollands</td>
<td>MS</td>
<td>38701</td>
<td>662-827-5268</td>
<td>Th</td>
<td></td>
</tr>
<tr>
<td>Wayne</td>
<td>1100-A Cedar Street</td>
<td>Waynesboro</td>
<td>MS</td>
<td>39367</td>
<td>601-735-2351</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Webster</td>
<td>37 Government Avenue</td>
<td>Eupora</td>
<td>MS</td>
<td>39744</td>
<td>662-238-5761</td>
<td>M – W, F</td>
<td></td>
</tr>
<tr>
<td>Wilkinson</td>
<td>991 First South Street, P.O. Box 398</td>
<td>Woodville</td>
<td>MS</td>
<td>39669</td>
<td>601-888-4202</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Winston</td>
<td>260 Vance Street</td>
<td>Louisville</td>
<td>MS</td>
<td>39339</td>
<td>662-773-8087</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Yalobusha</td>
<td>615 South Main Street</td>
<td>Water Valley</td>
<td>MS</td>
<td>38963</td>
<td>662-473-4124</td>
<td>M – F</td>
<td></td>
</tr>
<tr>
<td>Yazoo</td>
<td>230 East Broadway Street</td>
<td>Yazoo City</td>
<td>MS</td>
<td>39194</td>
<td>662-716-3713</td>
<td>M – F</td>
<td></td>
</tr>
</tbody>
</table>
How do I replace military discharge papers?

To obtain copies of military discharge papers, read the instructions and fill out Form 180, and mail to the appropriate address found in the instructions. A new service is available for veterans and next of kin of deceased veterans. Copies may be ordered through the online eVetRecs System. Information is available at http://www.archives.gov/veterans/military-service-records/

How do I obtain copies of military health and medical records?

Starting in 1992, most service branches now retire health records to the Department of Veterans Affairs (VA) (See the individual service branch links for specific dates). After this change, the Department of Veterans Affairs (VA), Records Management Center, St. Louis, MO, maintains the active duty health records or manages their whereabouts when on loan within the VA. Call the VA toll free number at 1-800-827-1000 to identify the current location of specific health records and to find out how to obtain releasable documents or information.

Form for Requests Pertaining to Military Records

### INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. **General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

   Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at http://www.archives.gov/veterans/evetrecs/.

2. **Personnel records and Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and STR's are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veteran Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

   a. **Release of information:** Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death,** such as a copy of a death certificate, letter from funeral home or obituary.

   b. **Fees for records:** There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

3. **Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

   a. **Release of Information:** Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

   b. **Fees for Archival Records:** Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting.

4. **Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. **Definitions and abbreviations.** **DISCHARGED** -- the individual has no current military status; **SERVICE-TREATMENT RECORD (STR)** -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); **TDRL** -- Temporary Disability Retired List.

6. **Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

### PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NRA), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.
REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran’s next-of-kin may be submitted online by using eVetRecs at http://www.archives.gov/veterans/eVetRecs

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I – INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle) 2. SOCIAL SECURITY NO. 3. DATE OF BIRTH 4. PLACE OF BIRTH

5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)

<table>
<thead>
<tr>
<th>BRANCH OF SERVICE</th>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE COMPONENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESERVE COMPONENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NATIONAL GUARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. IS THIS PERSON DECEASED? If “YES” enter the date of death. 7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
</table>

SECTION II – INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran’s next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued?

- UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

- DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

- All Documents in Official Military Personnel File (OMPF)

- Medical Records (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission must be provided.

- Other (Specify):

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits
- Employment
- VA Loan Programs
- Medical
- Medals/Awards
- Genealogy
- Correction
- Personal
- Other, explain:

SECTION III – RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in #3 below of veteran, next of kin, legal guardian, authorized government agent or “other” authorized representative. If “other” authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (Must provide proof of death).

2. SEND INFORMATION/DOCUMENTS TO:

(See item 2a on accompanying instructions.)

(See item 4 on accompanying instructions.)

Name
Street
City
Apt
State
Zip Code
Email address

Signature Required - Do not print

Date of this request
Daytime phone

*This form is available at http://www.archives.gov/research/order/standard-form-180.pdf on the National Archives and Records Administration (NARA) web site.*
### LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

<table>
<thead>
<tr>
<th>BRANCH</th>
<th>CURRENT STATUS OF SERVICE MEMBER</th>
<th>ADDRESS CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIR FORCE</td>
<td>Discharged, deceased, or retired before 5/1/1994</td>
<td>14 14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 5/1/1994 – 9/30/2004</td>
<td>14 11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 10/1/2004</td>
<td>1 11</td>
</tr>
<tr>
<td></td>
<td>Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Current National Guard enlisted not on active duty in the Air Force</td>
<td>13</td>
</tr>
<tr>
<td>COAST GUARD</td>
<td>Discharged, deceased, or retired before 1/1/1898</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1898 – 3/31/1998</td>
<td>14 14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 4/1/1998</td>
<td>14 11</td>
</tr>
<tr>
<td></td>
<td>Active, reserve, or TDRL</td>
<td>3</td>
</tr>
<tr>
<td>MARINE CORPS</td>
<td>Discharged, deceased, or retired before 1/1/1905</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1905 – 4/30/1994</td>
<td>14 14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 5/1/1994 – 12/31/1998</td>
<td>14 11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/1999</td>
<td>4 11</td>
</tr>
<tr>
<td></td>
<td>Individual Ready Reserve</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Active, Selected Marine Corps Reserve, TDRL</td>
<td>4</td>
</tr>
<tr>
<td>ARMY</td>
<td>Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)</td>
<td>14 14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired after 10/16/1992</td>
<td>14 11</td>
</tr>
<tr>
<td></td>
<td>Active enlisted, officers (including National Guard and Army Reserve on active duty in the U.S. Army)</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>National Guard enlisted and officers not on active duty in Army</td>
<td>13</td>
</tr>
<tr>
<td>NAVY</td>
<td>Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)</td>
<td>14 14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/31/1994 – 12/31/1994</td>
<td>14 11</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/1995</td>
<td>10 11</td>
</tr>
<tr>
<td></td>
<td>Active, reserve, or TDRL</td>
<td>10</td>
</tr>
<tr>
<td>PHS</td>
<td>Public Health Service - Commissioned Corps officers only</td>
<td>12</td>
</tr>
</tbody>
</table>

### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

<table>
<thead>
<tr>
<th>Code</th>
<th>Location</th>
</tr>
</thead>
</table>
| 1    | Air Force Personnel Center  
HQ AFCP/DPNSRP  
500 C Street West, Suite 19  
Randolph AFB, TX 78150-4721                                                                 |
| 2    | Air Reserve Personnel Center /DMSR  
HQ ARPC/DPSSA/B  
6700 E. Irvington Place, Suite 4600  
Denver, CO 80280-4600                                                                 |
| 3    | Commander, CGPC-adm-3  
USCG Personnel Command  
4200 Wilson Blvd., Suite 1100  
Arlington, VA 22203-1804                                                                 |
| 4    | Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10)  
2008 Elliott Road  
Quantico, VA 22134-5030                                                                 |
| 5    | Marine Forces Reserve  
4400 Dauphine St.  
New Orleans, LA 70146-5400                                                                 |
| 6    | National Archives & Records Administration  
Old Military and Civil Records (SWC-TB-Military)  
Textual Services Division  
780 Pennsylvania Ave., N.W.  
Washington, DC 20004-0001                                                                |
| 7    | U.S. Army Human Resources Command  
www.hrc.army.mil                                                                 |
| 8    | Reserved.                                                                                                                                 |
| 9    | Reserved.                                                                                                                                 |
| 10   | Navy Personnel Command (PERS-312E)  
5720 Integrity Drive  
Millington, TN 38055-3120                                                                |
| 11   | Department of Veterans Affairs  
Records Management Center  
P.O. Box 5028  
St. Louis, MO 63115-5020                                                                    |
| 12   | Division of Commissioned Corps Officer Support  
ATTN: Records Officer  
1011 Wuston Parkway, Plaza Level, Suite 100  
Rockville, MD 20852                                                                         |
| 13   | The Adjutant General  
of the appropriate state, DC, or Puerto Rico                                                                 |
| 14   | National Personnel Records Center (Military Personnel Records)  
9700 Page Ave.  
St. Louis, MO 63132-5100                                                                   |
|      | e VetRecs!  
www.archives.gov/veterans/evetrecs/                                                          |

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TAX RETURNS


How do I obtain copies of federal tax returns?

You may obtain a line-by-line transcript of your federal tax return, which shows proof that a federal tax return was filed. To obtain copies of the previous four years of transcripts, you may file a Form 4506-T, Request for Transcripts of a Tax Return. There is no charge for a transcript. You may also order a transcript by calling 1-800-908-9946 or visiting www.irs.gov and clicking on Order a Transcript.

To obtain a copy of your original return, you must submit Form 4506, Request for Copy of Tax Return, to request copies of the previous four years of income tax returns. The cost is $57 for each copy.

You can mail or fax these requests. For an individual return or transcript, send to RAIVS Team, Stop 6716 AUSC, Austin, TX 73301 or fax to 512-456-5876. For other returns or transcripts, mail to RAIVS Team, P.O. Box 9941, Mail Stop 6734, Ogden, UT 84409, or fax to 801-620-6922.

Who can I contact for assistance?

The Internal Revenue Service (IRS) provides a special toll-free disaster hotline at 1-866-562-5227. The operators can assist with explanations on the type of relief provided by IRS, tax preparation, penalty and interest computations, guidance on how to report a casualty loss on original or amended returns, address change requests, assistance with suppression of notices when applicable, expediting tax refunds, and process Reasonable Cause requests to skip a payment on an installment agreement account. To access the latest disaster tax information on www.irs.gov, use the key word “disaster”. You can also contact your local federal taxpayer assistance center.

Local Federal Taxpayer Assistance Centers
http://www.irs.gov/localcontacts/article/0,,id=98290,00.html

How do I obtain copies of my Mississippi tax returns?

To request copies of Mississippi tax returns, read the instructions provided on page 56 and fill out Form 70-698. Payments must be in the form of a cashier’s check or money order. (Personal checks are not accepted). The charge for copies is $2.50 for the first page and $.50 for each additional page. Please allow seven days for processing. (Contact the Office of Tax Administration at 601-923-7000 to determine the cost of the copies and ask for assistance from a staff member in the tax area responsible for the tax type of the return you have requested.) The form may be sent to: Office of Tax Administration, P. O. Box 1033, Jackson, MS 39215

Who can I contact for assistance?
For general information, phone the Individual Income Tax Division in Jackson at (601) 923-7089 or contact your local office:

<table>
<thead>
<tr>
<th>District Offices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BROOKHAVEN DISTRICT</strong></td>
</tr>
<tr>
<td>1385 Johnny Johnson Dr.</td>
</tr>
<tr>
<td>P.O. Box 3999</td>
</tr>
<tr>
<td>Brookhaven, MS 39603-7999</td>
</tr>
<tr>
<td>Manager: Lanell Strait</td>
</tr>
<tr>
<td>Phone (601) 833-4761</td>
</tr>
<tr>
<td>Fax (601) 833-3096</td>
</tr>
<tr>
<td><strong>GREENWOOD DISTRICT</strong></td>
</tr>
<tr>
<td>117 B Grand Blvd.</td>
</tr>
<tr>
<td>P. O. Drawer D</td>
</tr>
<tr>
<td>Greenwood, MS 38935-0420</td>
</tr>
<tr>
<td>Manager: Timothy Thompson</td>
</tr>
<tr>
<td>Phone (662) 453-1742</td>
</tr>
<tr>
<td>Fax (662) 453-7981</td>
</tr>
<tr>
<td><strong>GULFCOAST DISTRICT</strong></td>
</tr>
<tr>
<td>1141 Bayview Avenue</td>
</tr>
<tr>
<td>Biloxi, MS 39530-1601</td>
</tr>
<tr>
<td>Manager: Rhonda Plitt</td>
</tr>
<tr>
<td>Phone (228) 436-0554</td>
</tr>
<tr>
<td><strong>HATTIESBURG DISTRICT</strong></td>
</tr>
<tr>
<td>17 JM Tatum Industrial Drive</td>
</tr>
<tr>
<td>Post Office Box 1709</td>
</tr>
<tr>
<td>Hattiesburg, MS 39403-1709</td>
</tr>
<tr>
<td>Manager: Jonelle Peters</td>
</tr>
<tr>
<td>Phone (601) 545-1261</td>
</tr>
<tr>
<td>Fax (601) 584-4051</td>
</tr>
<tr>
<td><strong>JACKSON DISTRICT</strong></td>
</tr>
<tr>
<td>1577 Springridge Rd.</td>
</tr>
<tr>
<td>P.O. Box 1033</td>
</tr>
<tr>
<td>Jackson, MS 39215-1033</td>
</tr>
<tr>
<td>Manager: Tabitha Car</td>
</tr>
<tr>
<td>Phone (601) 923-7300</td>
</tr>
<tr>
<td>Fax (601) 923-7318</td>
</tr>
<tr>
<td><strong>MERIDIAN DISTRICT</strong></td>
</tr>
<tr>
<td>900 Hwy. 19 S.</td>
</tr>
<tr>
<td>P.O. Box 5794</td>
</tr>
<tr>
<td>Meridian, MS 39302</td>
</tr>
<tr>
<td>Manager: Tommy Harrison</td>
</tr>
<tr>
<td>Phone (601) 483-2273</td>
</tr>
<tr>
<td>Fax (601) 693-2473</td>
</tr>
<tr>
<td><strong>SENA Tobia DISTRICT</strong></td>
</tr>
<tr>
<td>2778 Hwy 51 South</td>
</tr>
<tr>
<td>P.O. Box 127</td>
</tr>
<tr>
<td>Senatobia, MS 38668</td>
</tr>
<tr>
<td>Manager: Mike Shelby</td>
</tr>
<tr>
<td>Phone (662) 562-4489</td>
</tr>
<tr>
<td>Fax (662) 562-7392</td>
</tr>
<tr>
<td><strong>TUPELO DISTRICT</strong></td>
</tr>
<tr>
<td>2610 Traceland Dr.</td>
</tr>
<tr>
<td>P.O. Box 3000</td>
</tr>
<tr>
<td>Tupelo, MS 38803</td>
</tr>
<tr>
<td>Manager: Danny Sheffield</td>
</tr>
<tr>
<td>Phone (662) 842-4316</td>
</tr>
<tr>
<td>Fax (662) 842-5041</td>
</tr>
</tbody>
</table>
Request for Copy of Tax Return (Federal)

Request for Transcript of Tax Return (Federal)

Request for Copies of Tax Return (Mississippi)
http://www.dor.ms.gov/docs/forms_70-698.pdf
Form 4506
Department of the Treasury
Internal Revenue Service

Request for Copy of Tax Return

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a Tax Return Transcript for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Order a Transcript” or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first. 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse’s name shown on tax return. 2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)

4 Previous address shown on the last return filed if different from line 3 (See instructions)

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party’s name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Caution. If the tax return is being mailed to a third party, ensure that you have filled in line 6 and line 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. □

Note. If the copies must be certified for court or administrative proceedings, check here .

7 Year or period requested. Enter the ending date of the year or period, using the month/day/yyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

6 Fee. There is a $57 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to “United States Treasury.” Enter your SSN or EIN and “Form 4506 request” on your check or money order.

a Cost for each return $ □

b Number of returns requested on line 7 $ □

c Total cost. Multiply line 6a by line 6b $ □

If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here □

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note. For tax returns being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a

Signature (see instructions) Date

Sign Here

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse’s signature Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 4172/1E

Form 4506 (Rev. 1-2011)

54
General Instructions
Section references are to the Internal Revenue Code.
Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 9.
How long will it take? It may take up to 60 calendar days for us to process your request.
Tip: Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, verification of non-filing, and record of account.
Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on “Order a Transcript” or call 1-800-829-1040.
Where to file. Attach your request to Form 4506 or to the address below for the state you lived in, or the state your business was in, at the time that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.
If you are requested a return for more than one year and the chart below shows two different RAVS teams, send your request to the teams based on the address of your most recent return.
Chart for individual returns (Form 1040 series)
If you filed an individual return and lived in: Florida, Georgia [After June 30, 2011, send your transcript requests to Kansas City, MO]
Mail to the “Internal Revenue Service” at:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or APO or FPO address
Alabama, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming, a foreign country, or APO or FPO address
RAVS Team P.O. Box 9941 Mail Stop 6754 Ogden, UT 84409
RAVS Team P.O. Box 165500 Stop 2400 Cincinnati, OH 45250
Specific Instructions
Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040C), enter your SSN.
Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.
Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.
Note. If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form #22, Change of Address.
Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5, requesting the return to be sent to a third party, the IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected.
Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.
Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors, or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.
Request for Transcript of Tax Return

1a. Name shown on tax return, if a joint return, enter the name shown first.

1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions).

2a. If a joint return, enter spouse's name shown on tax return.

2b. Second social security number or individual taxpayer identification number if joint tax return.

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions).

4. Previous address shown on the last return filed if different from line 3 (See instructions).

5. If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Caution. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.

a. Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days.

b. Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.

c. Record of Account, which is a combination of line item information and future adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days.

7. Verification of Nonfilling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days.

8. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcription information up to 3 years prior to the current year. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 30 calendar days.

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9. Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than one year or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s), I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note. For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Telephone number of taxpayer on line 1a or 2a.

Signature (see instructions) Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Chart for all other transcripts
If you lived in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming; a foreign country, or A.P.O. or F.P.O. address

Mail or fax to the "Internal Revenue Service" at:

RAVS Team P.O. Box 96134 Mail Stop 6734 Ogden, UT 84690 801-420-4922

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia

RAVS Team P.O. Box 146500 Step 3000 F. Cincinnati, OH 45260 859-663-3592

Pennsylvania

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address, if you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, before line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1 or 2. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations, Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or board of directors, (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All returns. See Internal Revenue Code section 6103(f) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any return; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide the information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal non-tax crimes, to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act, unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 minutes; Preparing the form, 12 minutes; and Copying, assembling, and sending the form to the IRS, 20 minutes.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:4506T:SP, 1111 Constitution Ave., NW, Rm. 4526, Washington, DC 20224. Do not send the form to this address. Instead, see Where To File on this page.
REQUEST FOR COPIES OF TAX RETURNS
Form 70-698

Request may be rejected if the form is incomplete, illegible or any required line was blank. Payment must be made prior to issuing copies. You may contact the Department of Revenue at 601-923-7000 and ask for the Tax Area responsible for the administration of the tax type you are requesting copies from to determine how many pages your request will generate. This will determine the cost. The Account Number is the Social Security Number (SSN) for Individual Income Tax, the Federal Employer's Identification Number (FEIN) for Corporate Income Tax and Withholding Tax, and the Sales and/or Use Tax Account Number for most other taxes. For Individual Income Tax Returns that are filed jointly, both spouses SSNs and names are required before copies can be released.

ACCOUNT NUMBER: _______ TAX TYPE: _______ TAX PERIOD: _______
ACCOUNT NUMBER: _______ TAX TYPE: _______ TAX PERIOD: _______
ACCOUNT NUMBER: _______ TAX TYPE: _______ TAX PERIOD: _______
ACCOUNT NUMBER: _______ TAX TYPE: _______ TAX PERIOD: _______

Name and address where to send the copies of the requested returns. If you want these copies certified, please check here. ☐

Name: __________________________________________________________
Address: _________________________________________________________
City, State, Zip: ___________________________________________________
Phone Number: ____________________________________________________

The "Mississippi Public Records Act of 1983" requires the following charges be submitted before delivery of the reproduced documents. Payments must be in the form of cash, a cashier's check or money order. We do not accept personal checks for copies. We do not recommend you send cash through the mail. The charge for copies is $2.50 for the first page and $5.00 for each additional page. We will return this document with the charge on it. Please allow 7 days for processing. Contact this office at 601-923-7000 to determine the cost of the copies. Ask for the Tax Area responsible for the tax type of the return you have requested.

Signature of Taxpayer(s): Under penalties of perjury, I declare that I am either the taxpayer whose name is shown above or a person authorized to obtain the tax return requested. If the request applies to a joint return, either spouse can sign. If signed by a corporate officer, partner, guardian, executor, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature: __________________________________________ Date: ________________
Spouse Signature: __________________________________________
Title if officer, partner, trustee or party other than taxpayer: _____________
Contact Phone Number: ________________________________________

AFFIDAVIT

STATE OF __________________ COUNTY OF __________________

Before me, the undersigned authority, on this day personally appeared ___________________ known to me to be the person whose name is subscribed to the foregoing authorization and who, after being by me duly sworn, upon oath states that same was executed for the purpose therein expressed.

SUBSCRIBED and SWORN to me, a Notary Public, on the ______________ day of __________________, 20_________,

My Commission Expires: __________________________________________ Notary Public

NUMBER OF PAGES COPIED: _______ TOTAL COST: $ _______ DATE PAYMENT RECEIVED: ________________

INITIAL AND DATE WHEN RETURNS WERE COPIED AND SENT: ________________________________
PASSPORTS

Source: [http://travel.state.gov/passport/lost/lost_848.html](http://travel.state.gov/passport/lost/lost_848.html)

How do I report a lost passport?

To report a lost passport, call the United States Department of State at 1-877-487-2778 (TTY 1-888-874-7793) or submit Form DS-64, Statement Regarding a Lost or Stolen Passport to:

U.S. Department of State
Passport Services
Consular Lost/Stolen Passport Section
1111 19th Street, NW, Suite 500
Washington, DC 20036

How do I replace my lost passport?

You must appear in person at one of the Acceptance Facilities listed below and submit the following two forms: Form DS-11, Application for a U.S. Passport, and Form DS-64, Statement Regarding a Lost or Stolen Passport.

**Mississippi Acceptance Facilities**

<table>
<thead>
<tr>
<th>City</th>
<th>Facility Name</th>
<th>Street Address</th>
<th>State</th>
<th>ZIP</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aberdeen</td>
<td>Clerk of Chancery Court Monroe County</td>
<td>201 W. Commerce St.</td>
<td>MS</td>
<td>39730</td>
<td>(662) 369-8143</td>
</tr>
<tr>
<td>Ackerman</td>
<td>Clerk of Chancery Court Choctaw County</td>
<td>22 Quinn Street</td>
<td>MS</td>
<td>39735</td>
<td>(662) 283-6329</td>
</tr>
<tr>
<td>Batesville</td>
<td>Batesville</td>
<td>375 Lakewood Dr.</td>
<td>MS</td>
<td>38606</td>
<td>(662) 563-4001</td>
</tr>
<tr>
<td>Batesville</td>
<td>Panola County Clerk of Circuit Court, 2nd District</td>
<td>151 Public Square</td>
<td>MS</td>
<td>38606</td>
<td>(662) 563-6210</td>
</tr>
<tr>
<td>Bay Springs</td>
<td>Jasper County, MS, Circuit Clerk</td>
<td>27 West 8th Avenue</td>
<td>MS</td>
<td>39422</td>
<td>(601) 764-2245</td>
</tr>
<tr>
<td>Bay St. Louis</td>
<td>Bay St. Louis</td>
<td>1200 Hwy 90</td>
<td>MS</td>
<td>39520</td>
<td>(228) 466-3902</td>
</tr>
<tr>
<td>Bay St. Louis</td>
<td>Hancock County Chancery Clerk</td>
<td>3068 LongFellow Dr.</td>
<td>MS</td>
<td>39520</td>
<td>(228) 467-5404</td>
</tr>
<tr>
<td>Biloxi</td>
<td>Biloxi Main Post Office</td>
<td>135 Main Street</td>
<td>MS</td>
<td>39530</td>
<td>(228) 374-</td>
</tr>
<tr>
<td>Location</td>
<td>Name of the Office</td>
<td>Address</td>
<td>City, State, Zip</td>
<td>Phone</td>
<td></td>
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</tr>
<tr>
<td>Biloxi</td>
<td>Harrison Co. Chancery Clerk</td>
<td>730 Dr. MLK Jr. Blvd.</td>
<td>MS 39530</td>
<td>(228) 435-8220</td>
<td></td>
</tr>
<tr>
<td>Booneville</td>
<td>Booneville</td>
<td>515 N. 2nd St.</td>
<td>MS 38829</td>
<td>(662) 728-5470</td>
<td></td>
</tr>
<tr>
<td>Booneville</td>
<td>Prentiss County Chancery Clerk's Office</td>
<td>100 North Main St.</td>
<td>MS 38829</td>
<td>(662) 728-8151</td>
<td></td>
</tr>
<tr>
<td>Brandon</td>
<td>Brandon Main Post Office</td>
<td>1252 W. Government St</td>
<td>MS 39042</td>
<td>(601) 825-8848</td>
<td></td>
</tr>
<tr>
<td>Brandon</td>
<td>Brandon Reservoir</td>
<td>610 Grants Ferry Rd.</td>
<td>MS 39047</td>
<td>(601) 992-6874</td>
<td></td>
</tr>
<tr>
<td>Brandon</td>
<td>Rankin County Chancery Clerk's Office</td>
<td>211 East Government St</td>
<td>MS 39042</td>
<td>(601) 825-1469</td>
<td></td>
</tr>
<tr>
<td>Brookhaven</td>
<td>Brookhaven West</td>
<td>407 Brookhaven St.</td>
<td>MS 39601</td>
<td>(601) 835-2352</td>
<td></td>
</tr>
<tr>
<td>Brookhaven</td>
<td>Clerk of Circuit Court Lincoln County</td>
<td>301 South First St.</td>
<td>MS 39602</td>
<td>(601) 835-3435</td>
<td></td>
</tr>
<tr>
<td>Canton</td>
<td>Madison Co., MS, Chancery Clerk</td>
<td>146 W. Center St.</td>
<td>MS 39046</td>
<td>(601) 855-5609</td>
<td></td>
</tr>
<tr>
<td>Clarksdale</td>
<td>Clerk of Chancery Court Coahoma County</td>
<td>115 First Street</td>
<td>MS 38614</td>
<td>(662) 624-3000</td>
<td></td>
</tr>
<tr>
<td>Cleveland</td>
<td>Cleveland Post Office</td>
<td>210 S.Chrisman Ave.</td>
<td>MS 38732</td>
<td>(662) 843-4032</td>
<td></td>
</tr>
<tr>
<td>Collins</td>
<td>Collins Post Office</td>
<td>304 S. Dogwood Ave.</td>
<td>MS 39428</td>
<td>(601) 765-4281</td>
<td></td>
</tr>
<tr>
<td>Columbia</td>
<td>Columbia Post Office</td>
<td>815 Main St.</td>
<td>MS 39429</td>
<td>(601) 736-4653</td>
<td></td>
</tr>
<tr>
<td>Columbus</td>
<td>Clerk of Chancery Court Lowndes County</td>
<td>515 2nd Ave. N</td>
<td>MS 39701</td>
<td>(662) 329-5800</td>
<td></td>
</tr>
<tr>
<td>Columbus</td>
<td>Columbus Main Post Office</td>
<td>3202 Bluecutt Road</td>
<td>MS 39705</td>
<td>(662) 245-0247</td>
<td></td>
</tr>
<tr>
<td>Corinth</td>
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**Form DS-11 Application for a U.S. Passport**


65
APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied: ____________________________
Place: ______________________________
Date: ________________________________

FOR INFORMATION, QUESTIONS, AND INQUIRIES:
Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-847-7793) or by email at npic@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays.) Automated information is available 24/7.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN PASSPORT BOOK OR PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL PASSPORT BOOK, IT REFLECTS THE BEARER’S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE PASSPORT BOOK, THE PASSPORT CARD IS VALID ONLY FOR ENTRY TO THE UNITED STATES AT LAND BORDER CROSSINGS AND SEA PORTS OF ENTRY WHEN TRAVELING FROM CANADA, MEXICO, THE CARIBBEAN, AND BERMUDA. THE U.S. PASSPORT CARD IS NOT VALID FOR INTERNATIONAL AIR TRAVEL.

APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR U.S. PASSPORT CARD

If your most recent passport book and/or passport card was issued less than 15 years ago and you were over 16 years old at the time of issuance, you may be eligible to use Form DS-82. To determine your eligibility, please visit travel.state.gov, or contact NPIC. Address any requests for the addition of visa pages to a passport agency or at a U.S. consulate or embassy abroad. In advance of your departure, check to any visa requirements with consular officials of the countries you will be visiting.

SPECIAL REQUIREMENTS FOR CHILDREN

● AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:

To submit an application for a child under age 16 both parents or the child’s legal guardian(s) must appear and present the following:
- Evidence of the child’s U.S. citizenship
- Evidence of the child’s relationship to parents/guardian(s)
- Parental/guardian identification

IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:
- Second parent’s notarized written statement or DS-3053 (including the child’s full name and date of birth) consenting to the passport issuance for the child.
- Statement cannot be more than 3 months old and must come with a photocopy of the original social security card and back side of the second parent’s identification.
- Second parent’s death certificate if second parent is deceased, OR
- Parental evidence of sole authority to apply, OR
- A written statement or DS-3053 (made under penalty of perjury) explaining in detail the second parent’s unavailability.

● AS DIRECTED BY REGULATION 22 CFR 51.21 AND 51.28:
- Each minor child applying for a passport book and/or passport card must appear in person.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

WHAT TO SUBMIT WITH THIS FORM:

1. PROOF OF U.S. CITIZENSHIP (Evidence of U.S. citizenship that is not damaged, altered, or forged will be returned to you.)
2. PROOF OF IDENTITY (You must present your original identification and submit a photocopy of the front and back sides with your passport application.)
3. RECENT COLOR PHOTOGRAPH (Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.)
4. FEES (Please visit our website at travel.state.gov for current fees.)

See page 2 of the instructions for detailed information on the completion and submission of this form.

WHERE TO SUBMIT THIS FORM:

Please complete and submit this application in person to one of the following acceptance agents: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. embassy or consulate, if abroad. To find your nearest acceptance facility, visit travel.state.gov or contact the National Passport Information Center.

WARNING: False statements made knowingly and wilfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 USC 1001, 18 USC 1642, and/or 18 USC 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1643. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1644. All statements and documents are subject to verification.
1. PROOF OF U.S. CITIZENSHIP

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or certified birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/county office), and the full names of your parent(s).

- if the birth certificate was filed more than 1 year after the birth: it must be supported by evidence described in the next paragraph.
- if no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the following evidence: an early baptismal or circumcision certificate, hospital birth record, early census, school medical, or family Bible records, or newspapers or insurance files. Notarized affidavits of persons having knowledge of your birth may be submitted in addition to some of the records listed above. Evidence should include your given name and surname, date and place of birth, and the seal or other certification of the office (if customary) and the signature of the issuing official. Visit travel.state.gov for details.

APPLICANTS BORN OUTSIDE THE UNITED STATES: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Report of Birth Abroad, or evidence described below.

- If you Claim Citizenship through Naturalization of Parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of citizenship of your parent, your parent's marriage certificate, and an affidavit showing all of your U.S. citizen parent(s) periods and places of residence/physical presence in the United States and abroad before your birth.
- If you Claim Citizenship through Birth Abroad to One U.S. Citizen Parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1059 or FS-545), and/or your foreign birth certificate (and official translation if the document is not in English), parents' marriage certificate, proof of your parent's citizenship, and an affidavit showing all of your U.S. citizen parent(s) periods and places of residence/physical presence in the United States and abroad before your birth.
- If you Claim Citizenship through Birth Abroad to Two U.S. Citizen Parents: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1059 or FS-545), and/or your foreign birth certificate (and official translation if the document is not in English), parents' marriage certificate, proof of your parent's citizenship, and an affidavit showing all of your U.S. citizen parent(s) periods and places of residence/physical presence in the United States and abroad before your birth.
- If you Claim Citizenship through Adoption by a U.S. Citizen Parent(s): Submit evidence of your permanent residence status, full and final adoption, and your U.S. citizen parent(s) evidence of legal and physical custody. (NOTE: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/05/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship.

NOTE: You may receive your newly issued document and your returned citizenship evidence in two separate mailings. If you are applying for both a passport book and passport card, you may receive three separate mailings; one with your returned citizenship evidence; one with your newly issued passport book; and one with your newly issued passport card.

2. PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver’s license (not temporary or learner’s license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien who has known you for at least 2 years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

3. RECENT COLOR PHOTOGRAPH

Submit a color photograph of you stare, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on thin paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in passport photographs. Any photographs retouched so that your appearance is changed are unacceptable. Snapshots, most vending machine prints, and magazine or full-length photographs are unacceptable. Digitized photos must meet the previously stated qualifications and will be accepted for use at the discretion of Passport Services. Visit our website at travel.state.gov for details and information.

4. FEES

- If you are sixteen years of age or older: Your passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

- If you are under sixteen years of age: Your passport will be valid for 5 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE. PLEASE VISIT OUR WEBSITE AT TRAVEL.STATE.GOV FOR CURRENT FEES.

The passport processing, execution, and security fees may be paid in any of the following forms: Checks (personal, certified, or traveler's) with the applicant's full name and date of birth; printed on the front: major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check: money order (U.S. Postal, international, courier service), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "Department of State" or if abroad, the appropriate U.S. embassy or U.S. consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.

For faster processing, you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is available only in the United States.

If you desire OVERNIGHT DELIVERY SERVICE for the return of your passport, please include the appropriate fee with your payment.

An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.

For applicants with U.S. government or military authorization for no-fee passports, no fees are charged except the execution fee when applying at a designated acceptance facility.

NOTE REGARDING MAILING ADDRESSES: Passport Services will not mail a passport to a private address outside the United States. If you do not live at the address listed in the "mailing address" then you must put the name of the person and mark it as "In Care Of." If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

If you choose to provide your email address in Item #6 on this application, Passport Services will use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

DS-11 12-2010 Instruction Page 2 of 4

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FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 USC 6039E) requires you to provide your Social Security Number (SSN), if you have one, when you apply for a U.S. passport or renewal of a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The Department of State must provide your SSN and foreign residence information to the Department of Treasury. If you fail to provide the information, you are subject to a $500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times and we will charge you a one-time fee of $25, which we will also collect by EFT.

REMITTANCE OF FEES

Passport service fees are established by law and regulation (see 22 USC 214, 22 CFR 22.1, and 22 CFR 51.50-56) and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the Department of State will take action to collect the delinquent fees from you under 22 CFR Part 34 and the Federal Claims Collection Standards (see 31 CFR Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the Department of Treasury for collection. Debt collection procedures used by Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible federal payments (e.g. tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBERS

Your Social Security Number will be provided to Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

PAPERWORK REDUCTION STATEMENT

Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: AGIS DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20520-2202.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE LOST OR HAD A PREVIOUS PASSPORT BOOK AND/OR PASSPORT CARD STOLEN

A United States citizen may not normally bear more than one valid or potentially valid U.S. passport book or more than one valid or potentially valid U.S. passport card at a time. Therefore, when a valid or potentially valid U.S. passport book or U.S. passport card cannot be presented with a new application, it is necessary to submit a Form DS-64, Statement Regarding a Lost or Stolen Passport. Your statement must detail why the previous U.S. passport book or U.S. passport card cannot be presented.

The information you provide regarding your lost or stolen U.S. passport book or passport card will be placed into our Consular Lost or Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport book or passport card. Anyone using the passport book or passport card reported as lost or stolen may be detained upon entry into the United States. Should you locate the U.S. passport book or passport card reported lost or stolen at a later time, report it as found and submit it for cancellation. It has been invalidated. You may not use that passport book or passport card for travel.

PROTECT YOURSELF AGAINST IDENTITY THEFT!
REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information or to report your lost or stolen passport book or passport card by phone, call NPIC or visit our website at travel.state.gov.
ACTS OR CONDITIONS

(If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.) I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted for a federal or state drug offense or convicted for “sex tourism” crimes statute and I am not the subject of an outstanding federal, state or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of the information solicited on this form is authorized by Titles 8, 22, and 26 of the United States Code, and other applicable laws and regulations, including 22 USC 211a et seq.; 8 USC 1104; 26 USC 6039E; Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 CFR parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary's responsibility for the protection of U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put see the Department of State’s Preatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records (State-05) and Passport Records (State-26) published in the Federal Register.

Your social security numbers will be provided to the U.S. Department of Treasury and failure to provide it may subject you to a penalty, as described in the Federal Tax Law provision. It also may be used for identification verification for passport adjudication and in connection with debt collection, among other purposes as authorized and generally described in this section. Providing your social security number and other information requested on this form otherwise is voluntary, but failure to provide the information requested on this form may result in processing delays or the denial of your U.S. passport application.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may result in Passport Services' refusal to accept your application or result in the denial of a U.S. passport.

ELECTRONIC PASSPORT STATEMENT

The Department of State now issues a type of passport book containing an embedded electronic chip and called an “Electronic Passport”. The electronic passport book continues to be proof of the bearer's United States citizenship/nationality, and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic receipt readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol will appear in port-of-entry areas where the electronic passport book can be read.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, however you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.
**APPLICATION FOR A U.S. PASSPORT**

Please Print legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

- [ ] U.S. Passport Book
- [ ] U.S. Passport Card
- [ ] Both

The U.S. passport card is not valid for international travel. For more information see page 1 of instructions.

Note: The 52 page option is for those who frequently travel abroad during the passport validity period and is recommended for applicants who have previously required the addition of visa pages.

1. Name
   - First
   - Middle
   - Last

2. Date of Birth (mm/dd/yyyy)

3. Sex
   - M
   - F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known)

5. Social Security Number

6. Email Address (e.g. my_email@domain.com)

7. Primary Contact Phone Number

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.
   - Address Line 2: Clearly label (Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g. In Care Of - Jane Doe, Apt # 100)
   - City
   - State
   - Zip Code
   - Country, if outside the United States

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A. 

B. 

10. Parental Information
    - Mother/Father/Parent - First & Middle Name
    - Last Name (at Parent's Birth)
    - Date of Birth (mm/dd/yyyy)
    - Place of Birth
    - Sex
    - U.S. Citizen?
    - Male
    - Female

    - Mother/Father/Parent - First & Middle Name
    - Last Name (at Parent's Birth)
    - Date of Birth (mm/dd/yyyy)
    - Place of Birth
    - Sex
    - U.S. Citizen?
    - Male
    - Female

CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on the reverse side of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

- [ ] Applicant’s Legal Signature - age 16 and older
- [ ] Mother/Father/Parent/Legal Guardian’s Signature (if identifying minor)
- [ ] Acceptance Agent (Name) Consul USA Passport Staff Agent

Facility Name/Location

Signature of person authorized to accept applications

For Issuing Office Only

- [ ] Bk Card
- [ ] EF Postage

* DS 11 C 20101 **
### Name of Applicant (Last, First & Middle)

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

### 11. Height 12. Hair Color 13. Eye Color 14. Occupation (if age 16 or older) 15. Employer or School (if applicable)

<table>
<thead>
<tr>
<th>Height</th>
<th>Hair Color</th>
<th>Eye Color</th>
<th>Occupation</th>
<th>Employer or School</th>
</tr>
</thead>
</table>

### 16. Additional Contact Phone Numbers

<table>
<thead>
<tr>
<th>Home</th>
<th>Cell</th>
<th>Work</th>
<th>Cell</th>
</tr>
</thead>
</table>

### 17. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

<table>
<thead>
<tr>
<th>Street/RFD # or URB (No P.O. Box)</th>
<th>Apartment/Unit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### 18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address: Street/RFD # or P.O. Box</th>
<th>Apartment/Unit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
</table>

### 19. Travel Plans

<table>
<thead>
<tr>
<th>Date of Trip (mm/dd/yyyy)</th>
<th>Duration of Trip</th>
<th>Countries to be Visited</th>
</tr>
</thead>
</table>

### 20. Have you ever been married? Yes No

<table>
<thead>
<tr>
<th>If yes, complete the remaining items in #20.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full Name of Current Spouse or Most Recent Spouse</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Place of Birth</th>
<th>U.S. Citizen? Yes No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Marriage (mm/dd/yyyy)</th>
<th>Have you ever been widowed or divorced? Yes No Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

### 21. Have you ever applied for or been issued a U.S. Passport Book? Yes No

<table>
<thead>
<tr>
<th>If yes, complete the remaining items in #21</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name as printed on your most recent passport book</th>
<th>Most recent passport book number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Status of your most recent passport book Submitting with application</th>
<th>Stolen</th>
<th>Lost</th>
<th>In my possession (if expired)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date most recent passport book was issued or approximate date you applied (mm/dd/yyyy)</th>
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</table>

### 22. Have you ever applied for or been issued a U.S. Passport Card? Yes No

<table>
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<tr>
<th>If yes, complete the remaining items in #22</th>
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<table>
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<tr>
<th>Name as printed on your most recent passport card</th>
<th>Most recent passport card number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Status of your most recent passport card Submitting with application</th>
<th>Stolen</th>
<th>Lost</th>
<th>In my possession (if expired)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date most recent passport card was issued or approximate date you applied (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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**PLEASE DO NOT WRITE BELOW THIS LINE**

### FOR ISSUING OFFICE ONLY

<table>
<thead>
<tr>
<th>Sole Parent</th>
<th>Name as it appears on citizenship evidence</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth Certificate</th>
<th>SR</th>
<th>CR</th>
<th>City</th>
<th>Filed</th>
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</table>

<table>
<thead>
<tr>
<th>Report of Birth</th>
<th>240</th>
<th>545</th>
<th>1350</th>
<th>Filed/City:</th>
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</table>

<table>
<thead>
<tr>
<th>Nat. / Citiz. Cert.</th>
<th>Date/Place Acquired:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Passport</th>
<th>C/R</th>
<th>SR</th>
<th>Par P&amp;ERS</th>
<th>#/DOI:</th>
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<table>
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<tr>
<th>Other:</th>
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<tr>
<th>Attach:</th>
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<tr>
<th>DS-11 12-2010</th>
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</table>
SAVINGS BONDS

Source: http://www.treasurydirect.gov/NC/FoRMSHome?FormType=SBF&site=indiv

How do I replace lost savings bonds?

Savings bonds may be replaced by filling out and notarizing Form 1048E (Claim for Lost, Stolen or Destroyed U. S. Savings Bonds) (attached). No fees are charged for replacement.

To replace **Series HH/H Bonds**, mail, in a self-addressed-stamped-envelope, the completed form to:

Bureau of the Public Debt  
P.O. Box 2186  
Parkersburg, WV 26106-2186

To replace **Series EE/E Bonds**, mail the completed form to:

Bureau of the Public Debt  
P.O. Box 7012  
Parkersburg, WV 26106-7012

For other bond-related inquiries:

SavBonds@bpd.treas.gov  
Phone: (304) 480-7711  
Fax: (304) 480-6010

**Form**  
http://www.treasurydirect.gov/forms/sav1048.pdf
CLAIM FOR LOST, STOLEN OR DESTROYED
UNITED STATES SAVINGS BONDS

Visit us on the Web at www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

1. DESCRIPTION OF BONDS

Describe the missing bonds in the spaces below. If you don’t know the bond serial numbers, provide as much information as possible and also indicate the total number of bonds that are missing.

<table>
<thead>
<tr>
<th>ISSUE DATE (If you don’t know the exact date, furnish a range of issue dates.)</th>
<th>FACE AMOUNT</th>
<th>BOND NUMBER</th>
<th>INSCRIPTION (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses on the bonds)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

(If you need more space to describe your bonds, use the continuation sheet on page 6.)

2. DETAILS OF THE LOSS – Mark the appropriate boxes and provide complete details of the loss.

- [ ] Lost
  - The bonds were: [ ] Stolen ⇒ Date of Theft:
    - Was a police report filed? [ ] Yes [ ] No  If Yes, attach a copy of the report.
    - Send any remaining pieces with this form.
  - [ ] Destroyed ⇒
- [ ] Stolen
- [ ] Destroyed
- [ ] Stolen
- [ ] Destroyed
- [ ] Stolen
- [ ] Destroyed

- When was the loss discovered?
- Who had the bonds last, and why?
- Who had access to the bonds?
- What was the result of your inquiry to the person(s) who had access?
- Where were the bonds last placed?
- When were the bonds last seen?
- Were any identification documents also lost or stolen? [ ] Yes [ ] No
  - If [ ] Yes, please list them:
- Have you received reimbursement because of the loss? [ ] Yes [ ] No
  - Please explain, including details of any court proceedings pending or contemplated.
3. AUTHORITY – Provide details regarding your authority to complete a claim for the missing bonds.

- Are you named on the bonds?  ☐ Yes  ☐ No  If Yes, skip to Item 4. If No, provide the following information:
  Describes your authority:  
  (Show authority:  i.e., parent, guardian, conservator, legal representative, administrator, executor, etc.)
- Are you court-appointed?  ☐ Yes  ☐ No  (If Yes, see LEGAL REPRESENTATIVE in the Instructions.)

4. MINORS – Provide details regarding any minor named on the bonds.  (See MINORS in the Instructions.)

- Is there a minor named on the bonds?  ☐ Yes  ☐ No  If No, skip to Item 5. If Yes, fully complete the following:
  - What is the minor’s:
    ➢ Name?
    ➢ DOB?
    ➢ Social Security Number?
  - What is your relationship to the minor?
  - Does the minor live with you?  ☐ Yes  ☐ No
    If No, with whom?
    (Name)  (Relationship to Minor)
    (Address)
  - Who provides the minor’s chief support?
    (Name)  (Relationship to Minor)
    (Address)
- Are both parents able to sign the application for relief?  ☐ Yes  ☐ No
  If Yes, skip to Item 5. If No, fully complete the following:
  ➢ Why are you unable to obtain the signature?
  ➢ Did that parent have access to the bonds?  ☐ Yes  ☐ No
  ➢ Could that parent have possession of the bonds?  ☐ Yes  ☐ No

5. RELIEF REQUESTED – Indicate whether substitute bonds or payment is desired.  (See Item 5 in the Instructions.)

- I/we hereby request:  ☐ Substitute Bonds  ☐ Payment by Check  ☐ Payment by Direct Deposit

Name(s) in which check is to be drawn:  
(If bonds are in coownership form, see item 5 in the Instructions.)

6. DELIVERY INSTRUCTIONS – Complete only Item 6A or 6B.

A. MAIL BONDS OR REDEMPTION CHECK TO:

(N) (Name)
(Number and Street, Rural Route, or PO Box)  (City)  (State)  (ZIP Code)

B. DIRECT DEPOSIT FUNDS AS AUTHORIZED BELOW:

(Name/Names on the Account)

(type of account:  ☐ Checking  ☐ Savings

(Depositor’s Account No.)

Bank Routing No.  -  -  -  -  -

(Financial Institution’s Name)  (Phone No.)
7. SIGNATURES AND CERTIFICATION

We severally petition the Secretary of the Treasury for relief as authorized by law and, if relief is granted, acknowledge that the original bonds become the property of the United States. Upon the granting of relief, we assign all our right, title, and interest in the original bonds to the United States and bind myself/ourselves, my/our heirs, executors, administrators, successors and assigns, jointly and severally: (1) to surrender the original bonds to the Department of the Treasury if they are recovered; (2) to hold the United States harmless due to any claim by any other parties having, or claiming to have, interests in these bonds; and (3) upon demand by the Department of the Treasury, to indemnify unconditionally the United States and repay to the Department of the Treasury all sums of money which the Department may pay due to the redemption of these original bonds, including any interest, administrative costs and penalties, and any other liability or losses incurred as a result of such redemption. We consent to the release of any information in this form or regarding the bonds described on any party having an ownership or entitlement interest in these bonds.

We certify, under penalty of perjury, and severally affirm and say that the bonds described on this form have been lost, stolen, or destroyed, and that the information given is true to the best of my/our knowledge and belief.

<table>
<thead>
<tr>
<th>Sign Here ⇒</th>
<th>(Signature)</th>
<th>(Print Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number and Street or Rural Route</td>
<td>(Social Security Number)</td>
<td></td>
</tr>
<tr>
<td>(City)</td>
<td>(State)</td>
<td>(ZIP Code)</td>
</tr>
<tr>
<td>(Daytime Telephone Number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check &quot;YES&quot; to give us permission to contact you by e-mail or check &quot;NO&quot; if you do not wish to be contacted by e-mail.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>E-Mail Address</td>
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<td></td>
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<td>Check &quot;YES&quot; to give us permission to contact you by e-mail or check &quot;NO&quot; if you do not wish to be contacted by e-mail.</td>
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<td>No</td>
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Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that , whose identity is known or was proven to me, personally appeared before me this day of , , , at , , , and signed this form.

(Official stamp or seal)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) | (State) | (ZIP Code)
I CERTIFY that ____________________________, whose identity is known or
was proven to me, personally appeared before me this __________ day of _____________, ____________,
at __________________________, (City) (State), and signed this form.

(Official Stamp or Seal)

(Official Stamp or Seal)

I CERTIFY that ____________________________, whose identity is known or
was proven to me, personally appeared before me this __________ day of _____________, ____________,
at __________________________, (City) (State), and signed this form.

(Official Stamp or Seal)

(Official Stamp or Seal)

RESERVED FOR IDENTIFICATION NOTATIONS

☐ Customer Account Number and Date Established:

☐ Document(s)

☐ Description:

IDENTIFIED BY (Signature and Address):

INSTRUCTIONS TO CERTIFYING OFFICER

Each person appearing before you must establish identification by positive and reliable evidence before this form is signed, unless he or she is personally known to you. Place an adequate notation above or on a separate record, showing exactly how identification was established. A notation is adequate if it is sufficiently detailed to permit, at a later date, a determination of the exact identification actually used. You and, if you are an officer or employee of an organization, the organization will be held fully responsible for the adequacy of the identification.

The signatures to the form must be executed in your presence. Fully complete and sign the certification form provided for each signature you witness.

If you are an employee (rather than an officer) authorized to certify signatures, insert the words “Authorized Signature” in the space provided for the title. Insert the place and date, as required on the form, and impress the seal of your organization.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 819 of the Internal Revenue Code (26 U.S.C. 819). The purpose of requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 20 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. DO NOT SEND completed form to the above address; send to correct address shown in "WHERE TO SEND" in the Instructions.

(4)

PD F 1048
INSTRUCTIONS

PURPOSE OF FORM – Use this form to apply for relief on account of the loss, theft, or destruction of United States Savings Bonds. “Bonds,” as used on this form, refers to Savings Bonds, Savings Notes, Retirement Plan Bonds, or Individual Retirement Bonds.

WHO MAY APPLY – This form must be completed and signed by all persons named on the bonds, or by an authorized representative.

ATTACHMENTS – If more space is needed for any item, use a plain sheet of paper and attach it to the form.

PROOF OF DEATH – If a registrant is deceased, a certified copy of his/her official death certificate must be submitted with this form.

LEGAL REPRESENTATIVE – If you were appointed as legal representative because:

- the owner is deceased (with no surviving coowner or beneficiary named on the bonds), or
- the owner or coowner is a minor, or
- the owner or coowner is incapacitated,

complete the form and submit a court certificate or certified copy of your letters of appointment, under court seal, showing the appointment is still in full force. If your name and official capacity are shown in the registration of the bonds, evidence of your appointment is not necessary.

If no legal representative has been appointed for a deceased or incompetent owner, advise the Bureau of the Public Debt and additional instructions will be provided.

MINORS – If a minor (who does not have a court-appointed guardian) is named on the bonds, the minor must complete and sign the form on his/her own behalf if, in the opinion of the certifying officer, he/she is of sufficient competency and understanding to comprehend the nature of the transaction. Otherwise, the form must be signed by both parents on the minor's behalf. If the minor does not reside with either parent, the form must be completed and signed by the person who furnishes the minor's chief support.

SOMEONE ELSE HAD THE BONDS – If another person had possession of the bonds or knowledge of the circumstances of the loss, that person must provide a separate statement explaining the circumstances.

AMOUNT OF BONDS EXCEEDS $5,000 – If the amount of the bonds involved exceeds $5,000 and an investigation was made by a law enforcement agency or an insurance, transportation, or similar business organization, provide a copy of the report.

COMPLETION OF FORM – Print clearly in ink or type all information requested.

| ITEM 1. | Describe the missing bonds. If you don’t know the bond serial numbers, indicate the total number of missing bonds and provide as much of the requested identifying information as possible. |
| ITEM 2. | Mark the appropriate boxes and provide complete details of the loss, theft, or destruction. |
| ITEM 3. | Provide details regarding your authority to complete a claim for the missing bonds. If you have been court-appointed, see “LEGAL REPRESENTATIVE” above. |
| ITEM 4. | Complete this item if a minor is named on the bonds and he/she is not of sufficient competency and understanding to complete the form on his/her own behalf. Provide the minor’s name, date of birth, Social Security Number, and all other requested information. See “MINORS” above for more information. |
| ITEM 5. | Indicate whether you want substitute bonds, payment by check, or payment by direct deposit. If you select “payment by check” and the bonds are in the names of living coowners, provide the names of the coowners to whom the check should be issued. Otherwise, if both coowners sign the form, the check will be issued to both coowners and interest will be reported under the first-named coowner’s Social Security Number. Complete Item 6A to provide delivery instructions for the bonds or check. Complete Item 6B if payment by direct deposit is preferred. NOTE: Series EE and Series I bonds issued February 2003 and later are not eligible for payment until one full year after issue; if payment is requested and such bonds are less than one year old, substitute bonds will be issued instead. Also, if substitute bonds are requested and a bond is within less than one full calendar month of reaching its final maturity, payment will be made instead. |
| ITEM 6. | Complete Item 6A to provide mailing instructions for the bonds or redemption check or complete Item 6B to provide instructions for direct deposit of the redemption payment. |
| ITEM 7. | Each person whose signature is required must sign the form in ink, print his/her name, and provide his/her home address, Social Security Number, daytime telephone number, and, if applicable, e-mail address. Each signature must be certified (see CERTIFICATION below). |

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer’s presence. The certifying officer must affix the seal or stamp, which is used when certifying requests for payment. Authorized certifying officers are available at most financial institutions, including credit unions, in the United States. For a complete list of such officers, see Department of the Treasury Circulars, Nos. 300 and 530, and Public Debt Series, Nos. 3-80 and 2-98.

WHERE TO SEND – Send the application and any additional information to the Department of the Treasury, Bureau of the Public Debt, using the address listed below that is appropriate to the type of security involved:

- HH/S savings bonds – PO Box 2186, Parkersburg, WV 26106-2186
- E/EE/I savings bonds – PO Box 7012, Parkersburg, WV 26106-7012

Note: The instruction page (5) and the continuation page (6), if not needed, may be retained.

For Bond-Related Inquiries:
- Email: Sav9Bonds@bpd.treas.gov
- Phone: (304) 480-7711
- Fax: (304) 480-6010

PD F 1048

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Continuation of description of bonds in Item 1:

<table>
<thead>
<tr>
<th>ISSUE DATE</th>
<th>FACE AMOUNT</th>
<th>BOND NUMBER</th>
<th>INSCRIPTION</th>
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(If you need more space to describe your bonds, use a continuation sheet and attach it to this form.)

(6)
ENTITLEMENT PROGRAMS

Source: http://www.mdhs.state.ms.us/ebtfacts.htm

EBT Cards

If your Mississippi EBT Card is lost or stolen, call the Mississippi EBT Cardholder Service Center at 1-866-512-5087, 1-877-906-0085 (TTY) immediately to cancel your card. Your SNAP benefits will be protected as soon as you report your card lost or stolen and a Card will be issued to you. If the mailing address on file is not correct, contact your Mississippi Department of Human Services (MDHS) case worker to update your mailing address and request a new card. Please allow 5-7 business days for the delivery of your new card. You may continue using your current 4-digit PIN as it will be transferred to your new card. You do not have to select a new 4-digit PIN when a new card is issued. If your 4-digit PIN is ever lost, stolen or otherwise compromised, please call the Mississippi EBT Cardholder Service Center at 1-866-512-5087, 1-877-906-0085 (TTY) immediately to select a new 4-digit PIN and protect your SNAP benefits.

Medicaid/SCHIP

To replace your lost Medicaid or children’s SCHIP cards call the Mississippi Division of Medicaid at 601-206-2900 or Toll Free at 1-800-884-3222. You will be required to confirm your identity by providing your name, Social Security number, and date of birth.

WIC

To check on the status of your WIC benefits or to report a change of address, please contact Mississippi’s WIC Program at (800) 545-6747 for more information.
PETS, LIVESTOCK AND OTHER ANIMALS

Sources: http://www.animalshelter.org/shelters/Mississippi.asp and http://www.mbah.state.ms.us/

For sheltering or locating your pet, call the Mississippi Animal Disaster Hotline at 1-888-722-3106.

A list of MS Animal shelters can be found at http://www.animalshelter.org/shelters/Mississippi.asp or by calling the Mississippi Animal Rescue League at (601) 969-1631.

Livestock and Poultry inquiries should be directed to the Mississippi Board of Animal Health:

121 North Jefferson St.
Jackson, MS  39201
P.O. Box 3889
Jackson, MS 39207
Telephone - (601) 359-1170
Toll Free Telephone - (888) 646-8731; (888) 722-3106
Fax - (601) 359-1177

Other resources for lost pets include:

Petfinder.com
Post classified ads for lost pets or browse pictures of pets lost during disasters.

The Animal Welfare Emergency Response System
http://disaster.petfinder.com/emergency
Access information regarding pets affected by disasters.

Humane Society of the United States
http://www.hsus.org
Access information on rescuing animals, volunteering time, donating money and locating emergency pet shelters.

Noah’s Wish
http://www.noahswish.org
Noah’s Wish set up a pet shelter, with a searchable web site and photographs of lost or missing pets, in response to Hurricane Katrina. They may do the same for future disasters.

Locating micro-chipped pets:

Avid Microchip ID (also own Pet Net Microchip Company)
(800) 336-2843
http://www.avidmicrochip.com

Home Again Microchip Recovery
(866) 738-4324
http://www.homeagainid.com

Vet-Link.com Microchip
(800) 838-8563
IDENTITY THEFT

Source: http://www.ago.state.ms.us/index.php/sections/consumer/identity_theft,

When disasters occur, victims are faced with numerous challenges. One of these challenges is the fastest growing white-collar crime in the United States today – Identity Theft. Identity thieves use your personal information, such as Social Security number, birth date, bank information, credit card number, phone number, or any number of other bits of information, in order to commit fraud or theft.


Attorney General: Jim Hood
Department of Justice, P.O. Box 220, Jackson, MS 37205-0220
Phone: (601) 359-3680

Additionally, the United States Federal Trade Commission (FTC) has developed a website to raise awareness of identity theft and to assist victims. It can be viewed at http://www.consumer.gov/idtheft.

Credit Reporting Agencies can provide you with a free copy of your credit report, which may be helpful in clearing up your credit history:

Equifax
PO Box 740241, Atlanta, GA 30374-0241
Phone: (800) 525-6285
Website: www.equifax.com

Experian
PO Box 9701, Allen, TX 75013-0949
Phone: (888) 397-3742
Website: www.experian.com

TransUnion
PO Box 6790, Fullerton, CA 92834
Phone: (800) 680-7289
Website: www.transunion.com