

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 tornadoes 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since the rules on which it is based are subject to constant revision, portions of this publication could become outdated at any time.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.msdh.state.ms.us/phs. 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 866-562-5227. 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.

DRIVERS' LICENSES

Source: <https://www.ms.gov/hp/drivers/license/dupeBegin.do>

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

LOCATIONS WHERE YOU CAN APPLY FOR A DRIVER'S LICENSE IN PERSON

Aberdeen	City Hall, 125 West Commerce Street (662)369-4164 1st & 3rd Mondays of the month, 8:30-4:30	Cleveland	Open Monday through Friday, 8:00-5:00 Agriculture Center, 406 N. Martin Luther King Drive (662)846-0749 Monday-Friday, 8:00-5:00
Amory	Monroe County Complex Building, 1619 Highway 25 North (662)256-7149 1st Tuesday & 1st and 3rd Wednesdays of the month, 8:30-4:30	Collins	Collins-Covington Courthouse, 101 Dogwood Avenue (601)765-4205 1st and 3rd Tuesdays of the month, 8:30-4:30
Batesville	22000 A Highway 35 North (662)563-8125 Monday through Friday, 8:00-5:00	Columbia	Columbia City Hall, 201 Second Street (601)736-6688 Wednesdays and Thursdays, 8:30-4:30
Bay St. Louis	3016 Longfellow Road (228)467-8055 (228)467-8054 Monday through Friday, 8:00-5:00	Corinth	Alcorn County Sheriff's Office, 2759 South Harper Road (662)286-7704 Monday through Friday, 8:00-5:00
Belzoni	Multiplex Building, 417 Silver City Road (662)247-0105 2nd & 4th Thursday, 8:30- 4:30 (closed 12:00-1:00 for lunch)	D'Iberville	10393 Automal Parkway (MEMA trailer) (228)392-1183 (228)392-1740 Monday through Friday, 8:00-5:00
Biloxi	16741 Hwy 67 (228)396-7400 Monday through Friday, 8:00-5:00	Eupora	City Office Building, 114 Highway 9 North (662)258-2567 Every Thursday and the 2nd & 4th Wednesday of the month, 8:30-4:30
Booneville	Westside Community Center, 200 Dallison Drive (662)728-1782 1st & 3rd Wednesday of the month, 8:30-4:30	Forest	477 West 3rd Street (601)469-2101 Thursday and Friday, 8:30- 4:30
Brookhaven	160 Highway 84 East (601)833-0808 Monday through Friday, 8:00-5:00	Fulton	Court House, 201 West Main Street (662)862-7041 1st & 3rd Tuesday of the month, 8:30-4:30
Burnsville	38 Gross Ave. (662)427-9526 2nd & 4th Wednesdays, 8:30-4:30	Greenville	CDL Office Building, 420 Highway 82 West (662)332-4734 Monday-Friday, 8:00-5:00
Canton	Mayor's Office, 226 East Peace Street (601)859-9839 Thursday only, 8:30-4:30	Greenwood	701 Highway 82 West (662)453-5743 Monday-Friday, 8:00-5:00
Clarksdale	144 Ritch Street (662)624-2650		

Grenada	MHP Building, 2140 South Commerce (662)226-2341 Monday, Wednesday, Thursday & Friday, 8:00- 5:00	Lexington	1st Monday of the month, 8:30-4:00 113 China Street (662)834-4040 2nd & 4th Wednesday, 8:30-4:00 (closed 12:00- 1:00 for lunch)
Hattiesburg	35 Tatum Drive (601)582-3814 (601)582-4744 Monday through Friday	Louisville	Courthouse, 115 South Court Street (662)773-3843 Monday through Friday, 8:30-4:30
Holly Springs	136 Alderson Street (662)252-2254 1st & 3rd Thursdays of the month, 8:30-4:30	Lowndes	Columbus-Lowndes County Administrative Building, 17 Airline Road (662)327-1833 Monday through Friday, 8:00-5:00
Houston	Houston Fire Department, 224 E. Madison St. (662)448-8139 2nd & 4th Tuesdays of the month, 8:30-4:30	Lucedale	Senior Citizen Building (601)947-6587 Wednesdays only, 9:00- 4:00
Indianola	Justice Court Building, 202 Main Street (662)887-7219 1st & 3rd Thursday, 8:30- 4:30 (closed for lunch 12:00-1:00)	Mendenhall	Police Department, 167 West Maud Avenue Tuesday only, 8:30-4:30
Iuka	Rescue Squad Building, 1109 Maria Lane (662)424-0058 Monday only, 8:30-4:30	Meridian	841 Highway 19 North (601)483-9246 Monday through Friday, 8:00-5:00
Jackson	Dept of Public Service, 1900 East Woodrow Wilson (601)987-1281 (601)987-1282 (601)987-1283 (601)987-1285 Monday through Friday, 8:00-5:00	Natchez	724 Highway 61 North (601)442-4879 Monday through Friday, 8:00-5:00
Jackson	Metro Ctr Mall, 1101 Metro Center Mall, Space #1 (601)352-6928 Monday through Friday, 8:00-5:00	Nesbit	159 License Drive (662)429-5584 Open Monday through Friday, 8:00-5:00
Kosciusko	Coliseum, 550 Highway 12 East (662)289-5437 Tuesday, 8:30-4:30 (closed for lunch 12:00-1:00)	New Albany	1103 Bratton Road (662)534-8649 Monday through Friday, 8:00-5:00
Laurel	130 N. 12th Avenue (601)425-3802 Monday through Friday, 8:00-5:00	Newton	523 Coliseum Drive, Old Highway 15 North (601)683-2576 Monday through Friday, 8:00-5:00
Leakesville	Leakesville City Hall, 301 A Lafayette (601)394-2383	Okolona	Okolona City Auditorium, Main Street (662)447-2478 4th Wednesday of the month, 8:30-4:30
		Olive Branch	6569 Cockrum Street, Building B, Suite 1 (662)890-7211 Open Monday through Friday, 8:00-5:00

Oxford	Highway 7 South (662)236-2066 Open Monday through Friday, 8:00-5:00	Tupelo	Monday through Friday, 8:00-5:00 635 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 (662)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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> MALE <input type="checkbox"/> 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 of 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
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Additional Certified copies of the same record ordered at the same. \$5.00 for each additional certified copy.

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

		No. of copies		Amt. Enclosed
TOTALS				

PHOTO IDENTIFICATION REQUIRED

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

APPLICANT NAME/DELIVERY INFORMATION

Pursuant to Section 41-57-2 of the Mississippi Code of 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.

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:

<input type="checkbox"/> Photo Driver's License	<input type="checkbox"/> Photo State Issued ID	<input type="checkbox"/> Employment ID
<input type="checkbox"/> School, College or University ID	<input type="checkbox"/> US Military ID	<input type="checkbox"/> Tribal ID
<input type="checkbox"/> Alien Registration/Permanent Resident Card	<input type="checkbox"/> Temporary Resident Card	<input type="checkbox"/> US Passport
OR two forms of identification from the following list:		
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Utility Bill (showing address)	<input type="checkbox"/> Medicaid Card
<input type="checkbox"/> Snap/EBT card (showing address)	<input type="checkbox"/> Work Identification	<input type="checkbox"/> Veteran Universal Access ID Card

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

Relationship 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.msdlh.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

APPLICATION FOR CERTIFIED MISSISSIPPI DEATH CERTIFICATE

Mississippi State Department of Health
Vital Records

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

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

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

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

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

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

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

PRINT YOUR MAILING ADDRESS HERE

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

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

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

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

Eligibility:

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

Primarily this is:

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

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

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

<input type="checkbox"/> Photo Driver's License	<input type="checkbox"/> Photo State Issued ID	<input type="checkbox"/> Employment ID
<input type="checkbox"/> School, College or University ID	<input type="checkbox"/> US Military ID	<input type="checkbox"/> Tribal ID
<input type="checkbox"/> Alien Registration/Permanent Resident Card	<input type="checkbox"/> Temporary Resident Card	<input type="checkbox"/> US Passport
OR two forms of identification from the following list:		
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Utility Bill (showing address)	<input type="checkbox"/> Medicaid Card
<input type="checkbox"/> Snap/EBT card (showing address)	<input type="checkbox"/> Work Identification	<input type="checkbox"/> Veteran Universal Access ID Card

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

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

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

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

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

- **WALK-IN SERVICE** is available at 571 Stadium Drive, Jackson, Mississippi between the hours of 8:00 am and 5:00 pm. Death records are not available same day, all records will be mailed 7 – 10 business days after receipt of request.
- **MAIL-IN** requests, either on the form provided or as a free form request will be processed in the order received and will be returned by regular U.S. Postal Service, unless accompanied by a prepaid special courier self-addressed envelope.
- **PAYMENT BY CREDIT CARD** can be done using an online service or by telephone. The private company approved to handle credit card transactions for Mississippi death records can be accessed by calling 601-576-7988 or by visiting www.msdc.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**

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)			
NAME OF GROOM	FIRST NAME	MIDDLE NAME	LAST NAME
NAME OF BRIDE	FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF MARRIAGE	MONTH	DAY	YEAR (FOUR DIGIT)
PLACE OF MARRIAGE	COUNTY	CITY OR TOWN	STATE
PLACE LICENSE WAS ISSUED	COUNTY	CITY OR TOWN	STATE
PERSON REQUESTING CERTIFIED COPY			
RELATIONSHIP OR INTEREST OF PERSON REQUESTING CERTIFICATE		PURPOSE FOR WHICH COPY IS TO BE USED	
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 on 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.

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

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

	No. of copies	=	Amt. Enclosed
TOTALS			

APPLICANT NAME/DELIVERY INFORMATION

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

PRINT YOUR MAILING ADDRESS HERE

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

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

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

INFORMATION AND INSTRUCTIONS FOR 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:

☞ 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

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.**

- **WALK-IN SERVICE** is available at 571 Stadium Drive, Jackson, Mississippi between the hours of 8:00 am and 5:00 pm. Marriage 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 birth records can be accessed by calling 601-576-7988 or by visiting www.msdl.state.ms/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**

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) 833-3951
Clarksdale	236 Sharkey Ave, Clarksdale, MS 38614	(866) 931-7670
Cleveland	407 Industrial Parkway, Cleveland, MS 38732	(662) 846-6664
Columbus	3577 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	(866) 602-8776
Greenwood	604 Yalobusha St, Greenwood, MS 38930	(866) 331-2209
Grenada	1301 Sunset Drive, Grenada, MS 38901	(866) 593-8523
Gulfport	9394 Three Rivers Road, Gulfport, MS 39503	(228) 868-2854
Hattiesburg	1911 Broadway Drive, Hattiesburg, MS 39402	(866) 331-2186
Jackson	100 W Capitol Street, Jackson, MS 39269	(866) 331-8135
Kosciusko	80 Veteran Memorial Dr, Kosciusko, MS 39090	(662) 289-4911
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	(866) 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	(866) 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-688B, 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/apps6z/FOLO/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

Form Approved
OMB No. 0960-0066

1	NAME → <small>TO BE SHOWN ON CARD</small>		First	Full Middle Name	Last
	FULL NAME AT BIRTH <small>IF OTHER THAN ABOVE</small>		First	Full Middle Name	Last
	OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD				
2	Social Security number previously assigned to the person listed in item 1 →		- -		
3	PLACE OF BIRTH <small>(Do Not Abbreviate)</small> City State or Foreign Country			<small>Office Use Only</small> FCI	4 DATE OF BIRTH MM/DD/YYYY
5	CITIZENSHIP → <small>(Check One)</small>		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
6	ETHNICITY Are You Hispanic or Latino? <small>(Your Response is Voluntary)</small>		7 RACE Select One or More <small>(Your Response is Voluntary)</small>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
			<input type="checkbox"/> Asian		
8	SEX →		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. MOTHER'S NAME AT HER BIRTH →		First	Full Middle Name	Last Name At Her Birth
	B. MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3) →		- -		<input type="checkbox"/> Unknown
10	A. FATHER'S NAME →		First	Full Middle Name	Last
	B. FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3) →		- -		<input type="checkbox"/> Unknown
11	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? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1 →		First	Full Middle Name	Last Name
13	Enter any different date of birth if used on an earlier application for a card →		MM/DD/YYYY		
14	TODAY'S DATE MM/DD/YYYY		15 DAYTIME PHONE NUMBER Area Code Number		
16	MAILING ADDRESS <small>(Do Not Abbreviate)</small> → Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code				
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best to my knowledge.				
17	YOUR SIGNATURE →		18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC		NTI	
CAN		ITV			
PBC	EVI	EVA	EVC	PRA	NWR
DNR		UNIT			
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DATE	
				DCL DATE	

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

http://www.dor.ms.gov/docs/title_7802610.pdf



Type or
Print Only

Application for Replacement Certificate of Title

Type or
Print Only

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER
------	------	-------------------------------	--------------

Owner's Last Name _____ FIRST NAME(S) _____ MIDDLE NAME _____

Street, RFD _____ CITY _____ STATE _____ ZIP _____

CERTIFICATION

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.)**

- Lost Never received from the Department
- Mutilated, Destroyed or Illegible; 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**

READ & CHECK HERE

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.

<p>Applicant hereby directs the Department of Revenue to mail or deliver the title herein applied for as shown below.</p> <p>COMPLETE THIS SECTION, PRINTING OR TYPING ALL INFORMATION</p> <p>IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER, ATTACH APPROPRIATE POWER OF ATTORNEY. DEALERS ATTACH COPY 3 OF FORM 79-006 / 78-004. OTHERS USE 78-003.</p> <p>_____ (NAME)</p> <p>_____ (STREET / APT. / P.O. BOX)</p> <p>CITY _____ STATE _____ ZIP _____</p>	<p>I, the undersigned hereby certify that I am the recorded owner or lienholder of the above described vehicle.</p> <p>Owner's Signature _____</p> <p>Joint Owner's Signature _____</p> <p>Lienholder's Name _____</p> <p>Agent _____ (Signature of Lienholder Authorized Representative)</p> <p>Date _____ MONTH _____ DAY _____ 20 _____ YEAR _____</p>
--	---

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



Type or Print Only **FAST TRACK Application for Replacement Certificate of Title** Type or Print Only

MAKE	YEAR	VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER
------	------	-------------------------------	--------------

Owner's Last Name _____ FIRST NAME(S) _____ MIDDLE NAME _____
 Street, RFD _____ CITY _____ STATE _____ ZIP _____

CERTIFICATION

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.)**

- Lost Never received from the Department
- Mutilated, Destroyed or Illegible: 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."

- READ & CHECK HERE**
- ▶ **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.

<p>Applicant hereby directs the Department of Revenue to mail or deliver the title herein applied for as shown below.</p> <p>COMPLETE THIS SECTION, PRINTING OR TYPING ALL INFORMATION</p> <p>IF NAME ENTERED HERE IS OTHER THAN TITLE OWNER, ATTACH APPROPRIATE POWER OF ATTORNEY. DEALERS ATTACH COPY 3 OF FORM 79-006 / 78-004. OTHERS USE 78-003.</p> <table border="1" style="width: 100%;"> <tr> <td style="height: 30px;">(NAME)</td> </tr> <tr> <td style="height: 30px;">(STREET / APT. / P.O. BOX)</td> </tr> <tr> <td>CITY _____ STATE _____ ZIP _____</td> </tr> </table>	(NAME)	(STREET / APT. / P.O. BOX)	CITY _____ STATE _____ ZIP _____	<p>I, the undersigned hereby certify that I am the recorded owner or lienholder of the above described vehicle.</p> <p>Owner's Signature _____</p> <p>Joint Owner's Signature _____</p> <p>Lienholder's Name _____</p> <p>Agent _____ (Signature of Lienholder Authorized Representative)</p> <p>Date _____ MONTH _____ DAY _____ 20 _____ YEAR _____</p>
(NAME)				
(STREET / APT. / P.O. BOX)				
CITY _____ STATE _____ ZIP _____				

Fee for Replacement Title is payable by Cashier's Check, Personal Check, Certified Check or other form of Certified funds. **FEE OF \$39.00** TO: MISSISSIPPI FAST TRACK TITLE PROGRAM P. O. BOX 22845 JACKSON, MS 39225-2845

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

<http://courts.ms.gov/trialcourts/chancerycourt/chanclerks.pdf>

Chancery Court Clerks

May 28, 2008

Adams County Chancery Court Clerk

Thomas J. O'Beirne P.O. Box 1006 Natchez, MS 39121 Phone: 601-446-6684 Fax: 601-445-7913

Alcorn County Chancery Court Clerk

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

Amite County Chancery Court Clerk

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

Attala County Chancery Court Clerk

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

Benton County Chancery Court Clerk

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

Bolivar County Chancery Court Clerk

1st District

Brenett N. Haynes P.O. Box 238 Rosedale, MS 38769 Phone: 662-759-3762 Fax: 662-759-3467

2nd District

Brenett N. Haynes P.O. Box 789 Cleveland, MS 38732 Phone: 662-843-2071 Fax: 662-846-2940

Calhoun County Chancery Court Clerk

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

Carroll County Chancery Court Clerk

1st District

Stanley "Sugar" Mullins P.O. Box 60 Carrollton, MS 38917 Phone: 662-237-9274 Fax: 662-237-9642

2nd District

Stanley "Sugar" Mullins P.O. Box 6 Vaiden, MS 39176 Phone: 662-464-5476 Fax: 662-464-5407

Chickasaw County Chancery Court Clerk

1st District

Wanda Carlisle 1 Pinson Square Rd. Houston, MS 38851 Phone: 662-456-2513 Fax: 662-456-5295

2nd District

Wanda Carlisle 234 W. Main St., Rm 201 Okolona, MS 38860 Phone: 662-447-2092 Fax: 662-447-5024

Choctaw County Chancery Court Clerk

Don Threadgill P.O. Box 250 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 Hazelhurst, 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 Lucedale, 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

Hinds County Chancery Court Clerk

1st District

Eddie Jean Carr P.O. Box 686 Jackson, MS 39205-0686 Phone: 601-968-6537 Fax: 601-973-5554

2nd District

Eddie Jean Carr P.O. Box 88 Raymond, MS 39154 Phone: 601-857-8055 Fax: 601-857-4953

Holmes County Chancery Court Clerk

Dorothy Jean Ford-Smith P.O. Box 239 Lexington, MS 39095 Phone: 662-834-2508 Fax: 662-834-1872

Humphreys County Chancery Court Clerk

Lawrence D. Browder P.O. Box 547 Belzoni, MS 39038 Phone: 662-247-1740 Fax: 662-247-0101

Issaquena County Chancery Court Clerk

Erline Fortner P.O. Box 27 Mayersville, MS 39113 Phone: 601-873-2761 Fax: 601-873-2061

Itawamba County Chancery Court Clerk

James "Jim" E. Witt P.O. Box 776 Fulton, MS 38843 Phone: 662-862-3421 Fax: 662-862-3421

Jackson County Chancery Clerk

Terry Miller P.O. Box 998 Pascagoula, MS 39568 Phone: 228-769-3499 Fax: 228-769-3135

Jasper County Chancery Court Clerk

1st District

Barbara Downs Ravenhorst P.O. Box 38 Paulding, MS 39348 Phone: 601-727-4971 Fax: 601-727-4475

2nd District

Barbara Downs Ravenhorst P.O. Box 1047 Bay Springs, MS 39422 Phone: 601-764-3368 Fax: 601-764-4999

Jefferson County Chancery Court Clerk

Delores Frye P.O. Box 145 Fayette, MS 39069-0145 Phone: 601-786-3021 Fax: 601-786-6009

Jefferson Davis County Chancery Court Clerk

John William Davies P.O. Box 1137 Prentiss, MS 39474 Phone: 601-792-4204 Fax: 601-792-2894

Jones County Chancery Court Clerk

1st District

Larry Ishee P.O. Box 248 Ellisville, MS 39437 Phone: 601-477-3307 Fax: 601-477-1240

2nd District

Larry Ishee P.O. Box 1468 Laurel, MS 39441 Phone: 601-428-0527 Fax: 601-428-3602

Kemper County Chancery Court Clerk

Sherline D. Watkins P.O. Box 188 Dekalb, MS 39328 Phone: 601-743-2460 Fax: 601-743-2789

Lafayette County Chancery Court Clerk

Sherry J. Wall P.O. Box 1240 Oxford, MS 38655 Phone: 662-234-7563 Fax: 662-234-5402

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

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

Stone County Chancery Court Clerk

Gerald W. Bond P.O. Drawer 7 Wiggins, MS 39577 Phone: 601-928-5266 Fax: 601-928-6464

Sunflower County Chancery Court Clerk

Paula S. Sykes P.O. Box 988 Indianola, MS 38751-0988 Phone: 662-887-4703 Fax: 601-887-7054

Tallahatchie County Chancery Court Clerk**1st District**

Anita Mullen Fountain P.O. Box 350 Charleston, MS 38921 Phone: 662-647-5551 Fax: 662-647-3702

2nd District

Anita Mullen Fountain P.O. Box 180 Sumner, MS 38957 Phone: 662-375-8731 Fax: 662-375-7252

Tate County Chancery Court Clerk

Wayne Crockett 201 Ward Street Senatobia, MS 38668 Phone: 662-562-5661 Fax: 662-560-6205

Tippah County Chancery Court Clerk

Rodney McBryde P.O. Box 99 Ripley, MS 38663 Phone: 662-837-7374 Fax: 662-837-7148

Tishomingo County Chancery Court Clerk

Peton Cummings 1008 Battleground Dr. Iuka, MS 38852 Phone: 662-423-7010 Fax: 662-423-7005

Tunica County Chancery Court Clerk

Susie White P.O. Box 217 Tunica, MS 38676 Phone: 662-363-2451 Fax: 662-357-5934

Union County Chancery Court Clerk

Annette Hickey P.O. Box 847 New Albany, MS 38652 Phone: 662-534-1900 Fax: 662-534-1907

Walthall County Chancery Court Clerk

Bob A. Bracey P.O. Box 351 Tylertown, MS 39667 Phone: 601-876-3553 Fax: 601-876-6026

Warren County Chancery Court Clerk

Dot McGee P.O. Box 351 Vicksburg, MS 39181 Phone: 601-636-4415 Fax: 601-634-4815

Washington County Chancery Court Clerk

Marilyn Hansell P.O. Box 309 Greenville, MS 38702 Phone: 662-332-1595 Fax: 662-334-2725

Wayne County Chancery Court Clerk

Marlon West 609 Azalea Drive Waynesboro, MS 39367 Phone: 601-735-2873 Fax: 601-735-6224

Webster County Chancery Court Clerk

Russell S. Turner P.O. Box 398 Walthall, MS 39771 Phone: 662-258-4131 Fax: 662-258-7686

Wilkinson County Chancery Court Clerk

Thomas C. Tolliver, Jr. P.O. Box 516 Woodville, MS 39669 Phone: 601-888-4381 Fax: 601-888-6776

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 Coffeenville, 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 now 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:

(Insert “none” if no restrictions are intended.)

(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)

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

(phone)

(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:

(date) (sign your name)

(address) (print your name)

(City) (State) (Zip)

(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.

(date) (signature of witness)

(address) (printed name of witness)

(city) (state) (zip)

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:

County	District	Address	City	State	ZIP	Phone #	Hours
Adams	7	415 Hwy 61 North	Natchez	MS	39120	601-445-4601	M - F
Alcorn	2	3706 Jo Ann Drive Route 10, Box 16	Corinth	MS	38834	662-287-6121	M - F
Amite	7	1000 Irene Street P.O. Box 209	Liberty	MS	39645	601-657-8351	M - F, Closed W
Attala	3	999 Martin Luther King Drive	Kosciusko	MS	39090	662-289-2351	M - F
Benton	2	105 Fourth Street	Ashland	MS	38603	662-224-6442	1 st T, 1 st and 3 rd Th
Bolivar - Cleveland	3	711 Third Street	Cleveland	MS	38732	662-843-2706	M - F
Bolivar - Rosedale	3	1006 Dr. Martin Luther King Jr P.O. Box 446	Rosedale	MS	38769	662-759-3361	T and F
Calhoun	4	235 South Murphree Street	Pittsboro	MS	38951	662-412-3260	M - F
Carroll	3	7225 Hwy 17	North Carrollton	MS	38947	662-237-9224	T, Th, F
Chickasaw - Houston	4	332 North Jefferson Street	Houston	MS	38851	662-456-3737	M - F
Chickasaw - Okolona	4	234 West Main Street	Okolona	MS	38860	662-447-5492	M, T, Th
Choctaw	4	123 Chester Street	Ackerman	MS	39735	662-285-6213	M - W, F
Claiborne	5	902 S. Market Street	Port Gibson	MS	39150	601-437-5184	M - W, F
Clarke	6	426 West Donald	Quitman	MS	39355	601-776-2149	M - F
Clay	4	138 South Division Street	West Point	MS	39733	662-494-4514	M - F
Coahoma	1	1850 Cheryl Street	Clarksdale	MS	38614	662-624-8316	
Copiah	5	640 Georgetown Street	Hazlehurst	MS	39083	601-894-2271	M - F
Covington	8	600 South Arrington	Collins	MS	39428	601-765-4291	M - F
DeSoto - Hernando	1	3212 Highway 51 South, Suite A	Hernando	MS	38632	662-429-9814	M - F
DeSoto - Olive Branch	1	6569 Cockrum Rd., Bldg. A, Suite 2	Olive Branch	MS	38654	662-895-3090	M - F
DeSoto - Southaven	1	8705 Northwest Drive, Bldg. A, Suite 1	Southaven	MS	38671	662-393-2775	M - F
Forrest	8	5008 Highway 42	Hattiesburg	MS	39401	601-583-0291	M - F
Franklin	7	140 Mill Road, P.O. Box 99	Bude	MS	39630	601-384-5871	M, W - F

George	9	166 West Raliff Street	Lucedale	MS	39452	601-947-4217	M - F
Greene	8	1799 Davis Street	Leakesville	MS	39451	601-394-2389	M - F
Grenada	1	1240 Fairground Road, Suite A	Grenada	MS	38901	662-226-3711	M - F
Hancock	9	3062 Longfellow Road, Bldg. 25	Bay Saint Louis	MS	39520-8602	228-467-4510	M - F
Harrison - Gulfport	9	1102 45 th Avenue	Gulfport	MS	39501	228-863-1036	M - F
Harrison - Biloxi	9	761 Esters Blvd	Biloxi	MS	39530-3134	228-435-3641	M - F
Hinds - Jackson Med Mall	5	350 W. Woodrow Wilson Suite 411	Jackson	MS	39213	601-364-2666	M - F
Hinds - Crossroads Clinic	5	350 W. Woodrow Wilson Suite 2516	Jackson	MS	39213	601-987-6728	M - F
Hinds - Clinton	5	408 Cynthia Drive	Clinton	MS	39056	601-924-6012	M - F
Holmes	3	106 Westwood Avenue	Lexington	MS	39095	662-834-3142	M - F
Humphreys	3	16463 Hwy 49 N	Belzoni	MS	39038	662-247-1861	M - F
Issaquena	5	297 Race Street	Rolling Fork	MS	39159	662-873-6202	M, T, Th
Itawamba	2	110 Crane Street	Fulton	MS	38843	662-862-3710	M - F
Jackson - Pascagoula	9	4600 Vega Street	Pascagoula	MS	39581	228-762-1117	M - F
Jackson - Ocean Springs	9	6912 North Washington Ave	Ocean Springs	MS	39564	228-872-4861	M - F
Jasper - Bay Springs	6	2761 Highway 15	Bay Springs	MS	39422	601-764-2419	M - F
Jasper - Heidelberg	6	309 Bay Street East	Heidelberg	MS	39439	601-787-3423	F only
Jefferson	7	700 Main Street, P.O. Box 446	Fayette	MS	39069	601-786-3061	M - W, F
Jefferson Davis	8	1185-A Frontage Road	Prentiss	MS	39474	601-792-5135	M - F
Jones	8	5168 Highway 11 South	Laurel	MS	39440	601-426-3258	M - F
Kemper	6	Highway 16 West	DeKalb	MS	39328	601-743-5865	M - F
Lafayette	2	101 Veterans Drive	Oxford	MS	38655	662-234-5231	M - F
Lamar	8	207 Main Street	Purvis	MS	39475	601-794-1055	M - F
Lauderdale	6	5224 Valley Street	Meridian	MS	39304	601-693-2451	M - F
Lawrence	7	1230 Nola Road, P.O. Box 246	Monticello	MS	39654	601-587-2561	M - F
Leake	6	204 Chipley Street	Carthage	MS	39051	601-267-3072	M - F
Lee	2	532 South Church Street	Tupelo	MS	38802	662-841-9096	M - F
Leflore	3	2600 Browning Road	Greenwood	MS	38930	662-453-0284	M - F
Lincoln	7	1212 Northpark Lane NE P.O. Box 630	Brookhaven	MS	39602	601-833-3314	M - F
Lowndes	4	801 North Lehmborg Road	Columbus	MS	39702	662-328-6091	M - F
Madison	5	309 Park Drive	Canton	MS	39046	601-859-3316	M - F
Marion	8	908 Sumrall Road	Columbia	MS	39429	601-736-2676	M - F
Marshall	2	225 South Market Street	Holly Springs	MS	38635	662-252-4621	M - F
Monroe - Amory	4	1300 Highway 25 South	Amory	MS	38821	662-256-5341	M - F
Monroe - Aberdeen	4	302 South Chestnut Street	Aberdeen	MS	39730	662-369-8132	M - F
Montgomery	3	707 Alberta Drive	Winona	MS	38967	662-283-3655	M - F
Neshoba	6	1014 Holland Avenue	Philadelphia	MS	39350	601-656-4371	M - F
Newton - Decatur	6	15776 Highway 15 North	Decatur	MS	39327	601-635-2337	M - F
Newton - Newton	6	500 Decatur Street	Newton		39345	601-683-3331	M - F
Noxubee	4	480 West Pearl Street	Macon	MS	39341	662-726-4451	M - F
Okibbeha	4	203 Yeates Street	Starkville	MS	39759	662-323-4565	M - F
Panola	1	381 Highway 51 South	Batesville	MS	38606	662-563-4616	M - F
Pearl River	9	7547 Nighway 11 North	Carriere	MS	39426	601-798-6212	M - F
Perry	8	102 Main Street	New Augusta	MS	39462	601-964-3288	M - F
Pike	7	114 E. Presley Blvd.	McComb	MS	39648	601-684-1030	M - F
Pontotoc	2	341 Ridge Road	Pontotoc	MS	38863	662-489-1241	M - F
Prentiss	2	615 East Parker Drive	Booneville	MS	38829	662-728-3518	M - F
Quitman	1	235 Chestnut Street	Marks	MS	38646	662-326-2861	M, W - F
Rankin	5	401 Parkway Drive	Pearl	MS	39208	601-420-4959	M - F
Rankin - Pearl Clinic	5	110 Crosspark Drive	Pearl	MS	39208	601-420-2193	M - F
Scott - Forest	6	519 Airport Road	Forest	MS	39074	601-469-4941	M - F
Scott - Morton	6	235 Highway 13 South	Morton	MS	39117	601-732-8080	M, W, F
Sharkey	5	297 Race Street	Rolling Fork	MS	39159	662-873-6202	M, T, Th

Simpson	5	2789 Simpson Hwy 49	Mendenhall	MS	39114	601-847-2755	M - F
Smith - Raleigh	6	352 Magnolia Drive	Raleigh	MS	39153	601-782-4472	M - F
Smith - Taylorsville	6	102 Dallas Street	Taylorsville	MS	39168	601-785-4704	Th only
Stone	9	1510 Central Avenue East	Wiggins	MS	39577	601-928-5293	M - F
Sunflower - Indianola	3	412 Highway 49 South	Indianola	MS	38751	662-887-4951	M - F
Sunflower - Ruleville	3	628 Byron Street	Ruleville	MS	38771	662-756-4881	M - F
Tallahatchie - Charleston	1	209 South Pleasant Street	Charleston	MS	38921	662-647-3404	M, Th, F, Closed 1 st Th of every month
Tallahatchie - Sumner	1	208 Wilson Street	Sumner	MS	38957	662-375-8345	T, W
Tate	1	100 Preston McKay Drive	Senatobia	MS	38668	662-562-4428	M - F
Tippah	2	129 Hospital Street	Ripley	MS	38663	662-837-3215	M - F
Tishomingo	2	1508 Bettydale Drive	Iuka	MS	38852	662-423-6100	M - F
Tunica	1	2073 Old Hwy 61 North	Tunica	MS	38676	662-363-2166	T, W, F
Union	2	252 Carter Avenue	New Albany	MS	38652	662-534-1926	M - F
Walthall	7	903 Union Road	Tylertown	MS	39667	601-876-4924	M - F
Warren	5	807 Monroe Street	Vicksburg	MS	39180	601-636-4356	M - F
Washington - Greenville	3	1633 Hospital Street	Greenville	MS	38701	662-332-8177	M - F
Washington - Leland	3	801 North Broad Street	Leland	MS	38756	662-686-7711	M, T, F
Washington - Hollandale	3	306 East Avenue South	Hollandale	MS	38701	662-827-5626	Th
Wayne	8	1100-A Cedar Street	Waynesboro	MS	39367	601-735-2351	M - F
Webster	4	57 Government Avenue	Eupora	MS	39744	662-258-3761	M - W, F
Wilkinson	7	991 First South Street, P.O. Box 398	Woodville	MS	39669	601-888-4202	M - F
Winston	4	260 Vance Street	Louisville	MS	39339	662-773-8087	M - F
Yalobusha	1	645 South Main Street	Water Valley	MS	38965	662-473-1424	M - F
Yazoo	5	230 East Broadway Street	Yazoo City	MS	39194	662-746-3713	M - F

MILITARY RECORDS

Source: www.archives.gov/contact/

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

<http://www.archives.gov/research/order/standard-form-180.pdf>

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 Veterans 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 SF 180 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: unremarried 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 (NHP), 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 eVetRees at <http://www.archives.gov/veterans/evetrees/> *

(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.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

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? YEAR(S):
- 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.**)
 Show relationship: _____
 (See item 2a on accompanying instructions.)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
 (Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

() _____

Date of this request _____ Daytime phone _____

Email address _____

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.

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

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

1	Air Force Personnel Center HQ AFPC/DPSSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command www.hrc.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	<i>Reserved.</i>	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		eVetRecs! www.archives.gov/veterans/evetrecs/

TAX RETURNS

Sources: <http://www.irs.gov> and <http://www.dor.ms.gov/taxareas/individ/main.html>

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 "disasters." 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:

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

Request for Copy of Tax Return (Federal)

<http://www.irs.gov/pub/irs-pdf/f4506t.pdf>

Request for Transcript of Tax Return (Federal)

<http://www.irs.gov/pub/irs-pdf/f4506t.pdf>

Request for Copies of Tax Return (Mississippi)

http://www.dor.ms.gov/docs/forms_70-698.pdf

Request for Copy of Tax Return

(Rev. January 2011)

OMB No. 1545-0429

Department of the Treasury
Internal Revenue Service

► **Request may be rejected if the form is incomplete or illegible.**

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 mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 **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 8a by line 8b	\$

9 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 either 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.

<p>► Signature (see instructions)</p> <p>► Title (if line 1a above is a corporation, partnership, estate, or trust)</p> <p>► Spouse's signature</p>	Telephone number of taxpayer on line 1a or 2a _____
	Date _____ Date _____

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 5.

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, 1099 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 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when 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 requesting a return for more than one year and the chart below shows two different RAIVS teams, send your request to the team 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:	Mail to the "Internal Revenue Service" at:
Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
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 A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUASC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAIVS Team Stop 6705 P-6 Kansas City, MO 64999

Chart for all other returns

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

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, Wisconsin

Mail to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

RAIVS Team
P.O. Box 145500
Stop 2800 F
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 1040), 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 8822, 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 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.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, 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.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this 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 nontax criminal laws, or 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.

Request for Transcript of Tax Return

► **Request may be rejected if the form is incomplete or illegible.**

Tip. 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-help 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.

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. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

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 1120A, Form 1120H, Form 1120L, 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 later 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 Nonfiling, 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 transcript information for up to 10 years. 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 45 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 four years 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.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Telephone number of taxpayer on line 1a or 2a

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

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 1-800-908-9946.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:

Florida, Georgia (After June 30, 2011, send your transcript requests to Kansas City, MO)	RAVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
--	--

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 A.P.O. or F.P.O. address	RAVS Team Stop 6716 AUSC Austin, TX 73301
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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 A.P.O. or F.P.O. address	RAVS Team Stop 6716 AUSC Austin, TX 73301
---	---

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAVS Team Stop 37106 Fresno, CA 93888
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	559-456-5876
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Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	RAVS Team Stop 6705 P-6 Kansas City, MO 64999
--	---

Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	816-292-6102
--	--------------

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, 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	RAVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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, Wisconsin	RAVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592

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

RAVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

801-620-6922

859-669-3592

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.

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 1a or 2a. 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 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.

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 others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, 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 transcript; 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 this 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 nontax criminal laws, or 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 min.; **Preparing the form,** 12 min.; and **Copying, assembling, and sending the form to the IRS,** 20 min.

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:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



DEPARTMENT OF
REVENUE
STATE OF MISSISSIPPI

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 tax types. 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 \$.50 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

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

City	Facility Name	Street Address	State	ZIP	Phone
Aberdeen	Clerk of Chancery Court Monroe County	201 W. Commerce St.	MS	39730	(662) 369-8143
Ackerman	Clerk of Chancery Court Choctaw County	22 Quinn Street	MS	39735	(662) 285-6329
Batesville	Batesville	375 Lakewood Dr.	MS	38606	(662) 563-4001
Batesville	Panola County Clerk of Circuit Court, 2nd District	151 Public Square	MS	38606	(662) 563-6210
Bay Springs	Jasper County, MS, Circuit Clerk	27 West 8th Avenue	MS	39422	(601) 764-2245
Bay St. Louis	Bay St. Louis	1200 Hwy 90	MS	39520	(228) 466-3902
Bay St. Louis	Hancock County Chancery Clerk	3068 LongFellow Dr.	MS	39520	(228) 467-5404
Biloxi	Biloxi Main Post Office	135 Main Street	MS	39530	(228) 374-

					6386
Biloxi	Harrison Co. Chancery Clerk	730 Dr. MLK Jr. Blvd.	MS	39530	(228) 435-8220
Booneville	Booneville	515 N. 2nd St.	MS	38829	(662) 728-5470
Booneville	Prentiss County Chancery Clerk's Office	100 North Main St.	MS	38829	(662) 728-8151
Brandon	Brandon Main Post Office	1252 W. Government St	MS	39042	(601) 825-8848
Brandon	Brandon Reservoir	610 Grants Ferry Rd.	MS	39047	(601) 992-6874
Brandon	Rankin County Chancery Clerk's Office	211 East Government St.	MS	39042	(601) 825-1469
Brookhaven	Brookhaven West	407 Brookhaven St.	MS	39601	(601) 835-2352
Brookhaven	Clerk of Circuit Court Lincoln County	301 South First St.	MS	39602	(601) 835-3435
Canton	Madison Co., MS, Chancery Clerk	146 W. Center St.	MS	39046	(601) 855-5609
Clarksdale	Clerk of Chancery Court Coahoma County	115 First Street	MS	38614	(662) 624-3000
Cleveland	Cleveland Post Office	210 S.Chrisman Ave.	MS	38732	(662) 843-4032
Collins	Collins Post Office	304 S. Dogwood Ave.	MS	39428	(601) 765-4281
Columbia	Columbia Post Office	815 Main St.	MS	39429	(601) 736-4653
Columbus	Clerk of Chancery Court Lowndes County	515 2nd Ave. N	MS	39701	(662) 329-5800
Columbus	Columbus Main Post Office	3202 Bluecutt Road	MS	39705	(662) 245-0247
Corinth	Clerk of Circuit Court Alcorn County	600 E. Waldron St.	MS	38834	(662) 286-7740
Corinth	Corinth Main Post Office	500 N. Madison St.	MS	38834	(662) 287-

					1411
Decatur	Clerk of Circuit Court Newton County	92 West Broad St.	MS	39327	(601) 635-2368
Decatur	Decatur Post Office	75 4th Avenue	MS	39327	(601) 635-2050
Decatur	Newton County Chancery Clerk	92 West Broad St.	MS	39327	(601) 635-2367
Ellisville	Clerk of Circuit Court Jones County, 1st Judicial	101 North Court Street	MS	39437	(601) 477-8538
Fayette	Clerk of Circuit Court Jefferson County	1483 Main Street	MS	39069	(601) 786-3422
Florence	Florence MS Post Office	250 S. Church St.	MS	39073	(601) 845-1885
Forest	Scott County Courthouse	100 Main Street	MS	39074	(601) 469-1922
Fulton	Clerk of Chancery Court Itawamba County	201 W. Main	MS	38843	(662) 862-3421
Fulton	Fulton Post Office	103 E. Main St.	MS	38843	(662) 862-4437
Greenville	Greenville Main Post Office	305 Main St.	MS	38701	(662) 335-4523
Greenwood	Clerk of Chancery Court Leflore County	310 W. Market St.	MS	38930	(662)455-7911
Greenwood	Greenwood Main Post Office	200 E. Washington Street	MS	38930	(662) 453-3242
Grenada	Clerk of Chancery Court Grenada County	59 Green Street	MS	38901	(662) 226-1821
Grenada	Grenada Post Office	2500 Gateway St.	MS	38901	(662) 226-5515
Gulfport	Downtown Station	2421 13th Street	MS	39501	(228) 863-4765
Gulfport	Harrison County Chancery Clerk	1801 23rd Ave.	MS	39501	(228) 865-4164
Hattiesburg	Hattiesburg GMF	220 South 40th Avenue	MS	39402	(601) 271-

					7010
Hazlehurst	Copiah County Circuit Clerk	100 Caldwell Drive	MS	39083	(601) 894-1241
Hernando	Clerk of Chancery Court DeSoto County	2535 Hwy. 51 South	MS	38632	(662) 429-1320
Hernando	Hernando Post Office	12 West Commerce St.	MS	38632	(662) 429-2481
Holly Springs	Clerk of Circuit Court Marshall County	128 E. Van Dorn Ave	MS	38635	(662) 252-3434
Indianola	Clerk of Court Sunflower County	200 Main Street	MS	38751	(662) 887-1252
Itta Bena	Itta Bena Post Office	100 Dewey St.	MS	38751	(662) 254-9112
Iuka	Clerk of Circuit Court Tishomingo County	1008 Battleground Dr.	MS	38852	662-423-7026
Jackson	Jackson GMF (Downtown)	401 E. South St.	MS	39201	(601) 351-7128
Jackson	North Station	4040 Northview Drive	MS	39206	(601) 362-5499
Kosciusko	Clerk of Circuit Court Attala County	100 Courthouse	MS	39090	(662) 289-1471
Laurel	Clerk of Circuit Court, Jones County	415 N 5th Avenue	MS	39440	(601) 425-2556
Laurel	Laurel Main Post Office	315 Sawmill Road	MS	39440	(601) 425-1408
Leakesville	Leakesville Post Office	621 Grand Avenue	MS	39451	(601) 394-2607
Lexington	Clerk of Chancery Court Holmes County	2 Court Sq.	MS	39095	(662) 834-2508
Liberty	Clerk of Circuit Court Amite County	243 West Main Street	MS	39645	(601) 657-8932
Long Beach	Long Beach Post Office	200 Klondyke Road	MS	39560	(228) 868-5419
Louisville	Clerk of Circuit Court Winston County	113 W. Main St.	MS	39339	(662) 773-

					3581
Lucedale	Lucedale Post Office	209 Cox St.	MS	39452	(601) 947-2719
Magee	Magee Post Office	701 3rd St. SW	MS	39111	(601) 849-3445
Magnolia	Clerk of Circuit Court Pike County	218 E. Bay St.	MS	39652	(601) 783-2581
Marks	Marks Post Office	423 Poplar St.	MS	38646	(662) 326-5881
McComb	McComb Post Office	530 Delaware Ave.	MS	39648	(601) 684-1931
Meadville	Clerk of Circuit Court Franklin County	36 Main St	MS	39653	(601) 384-2320
Mendenhall	Simpson County Circuit Clerk	100 Court Avenue	MS	39114	(601) 847-2474
Meridian	Meridian MS	2100 9th Street	MS	39301	(601) 693-2581
Mississippi State	Mississippi State Post Office	195 Lee Blvd.	MS	39762	(662) 323-5772
Mize	Mize Post Office	107 N. Oak St.	MS	39116	(601) 733-2292
Monticello	Clerk of Court Lawrence County	517 East Broad Street	MS	39654	(601) 587-4791
Moss Point	Moss Point Post Office	4537 Bowen St.	MS	39563	(228) 475-5621
Natchez	Clerk of Circuit Court Adams County	115 S. Wall St.	MS	39120	(601) 446-6326
Natchez	Natchez Main Post Office	214 N. Canal Street	MS	39120	(601) 442-4361
Naxapater	Naxapater Post Office	9530 Kilpatrick St.	MS	39346	(662) 724-4255
New Albany	Union County, MS, Circuit Clerk	114 E. Bankhead Street	MS	38652	(662) 534-1910
Ocean	Ocean Springs Post Office	1581 Bienville Blvd.	MS	39564	(228) 818-

Springs					5291
Olive Branch	Olive Branch	8850 Mid-South Drive	MS	38654	(662) 895-5966
Oxford	Lafayette County Chancery Clerk	300 N. Lamar Blvd.	MS	38655	(662) 234-2131
Oxford	Oxford Post Office	401 McElroy Dr.	MS	38655	(662) 234-5615
Petal	Petal Post Office	121 Morris Street	MS	39465	(601) 582-3618
Philadelphia	Clerk of Circuit Court Neshoba County	401 E. Beacon Street	MS	39350	(601) 656-4781
Philadelphia	Philadelphia Post Office	105 Posey Ave.	MS	39350	(601) 656-3441
Picayune	Picayune Annex	6342 Hwy11 N.	MS	39466	(601) 798-2876
Poplarville	Clerk of Circuit Court Pearl River County	200 S. Main, County Courthouse	MS	39470	(601) 403-2328
Port Gibson	Clerk of Circuit Court Claiborne County	410 Market St.	MS	39150	(601) 437-5841
Prentiss	Clerk, Circuit Court Jefferson Davis County	1025 Third St.	MS	39474	(601) 792-4231
Raleigh	Clerk of Circuit Court Smith County	123 Main St.	MS	39153	(601) 782-4751
Ridgeland	Ridgeland Post Office	611 S. Pear Orchard Rd.	Ms	39157	(601) 991-0249
Ripley	Tippah Chancery Clerk	101 E. Spring St.	MS	38663	(662) 837-7370
Senatobia	Clerk of Circuit Court Tate County	201 Ward Street	MS	38668	(662) 562-5211
Senatobia	Senatobia, Main Post Office	100 W.Main St.	MS	38668	(662) 562-8766
Southaven	Southaven Post Office	7550 Airways Blvd.	MS	38671	(662) 349-1593
Starkville	Clerk of Circuit Court Oktibbeha	108 West Main Street	MS	39759	(662) 323-

	County				1356
StateLine	StateLine Post Office	240 Main St.	MS	39362	(601) 848-7894
Tupelo	Clerk of Chancery Court Lee County	200 Jefferson St.	MS	38804	(662) 841-9100
Tupelo	Tupelo Main Post Office	362 S. Thomas St.	MS	38801	(662) 791-8407
Vaiden	Clerk of Circuit Court Carroll County	803 Front St.	MS	39176	(662) 464-5476
Verona	Verona Post Office	5107 Raymond Ave.	MS	38879	(662) 566-2442
Vicksburg	Vicksburg MS MPO	3415 Pemberton Sq Blvd.	MS	39180	(601) 636-1071
Walthall	Clerk of Circuit Court Webster County	515 Carroll St.	MS	39771	(662) 258-6287
Water Valley	Water Valley Post Office	501 N. Main St.	MS	38965	(662) 473-3004
Waynesboro	Waynesboro Post Office	704 Azalea Dr.	MS	39367	(601) 735-4417
West Point	Clerk of Chancery Court Clay County	205 Court Street	MS	39773	(601) 494-3124
Wiggins	Wiggins	125 Border Ave. W	MS	39577	(601) 928-3964
Winona	Clerk, Chancery Court Montgomery County	614 Summit St	MS	38967	(662) 283-2233
Woodville	Woodville Post Office	381 Main St.	MS	39669	(601) 888-4651
Yazoo City	Yazoo City Post Office	341 N. Main St.	MS	39194	(662) 746-5733

Form DS-11 Application for a U.S. Passport

<http://www.state.gov/documents/organization/79955.pdf?>



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: 1-888-874-7793) 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 a U.S. consulate or embassy abroad. In advance of your departure, check for 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), AND
- 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 can not be more than 3 months old and must come with a photocopy of the front and back side of the second parent's identification, OR
- Second parent's death certificate if second parent is deceased, OR
- Primary 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 side 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. consulate 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 willfully 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 1542, 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 1543. 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 1544. 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, country, or city/town 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/or 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), **and** proof of your admission to the United States for permanent residence.
- **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-1350 or FS-545), **or** your foreign birth certificate (and official translation if the document is not in English), proof of citizenship of your parent, your parents' marriage certificate, **and** an affidavit showing all of your U.S. citizen parents' 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-1350 or FS-545), **or** your foreign birth certificate (and official translation if the document is not in English), parents' marriage certificate, proof of your parents' citizenship, **and** an affidavit showing all of your U.S. citizen parents' 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 02/28/1983.)

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 alone, 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, currency exchange), 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

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: A/GIS/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 be made available to foreign government agencies to fulfill passport control and immigration duties. 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 Prefatory 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 chip 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

OMB APPROVAL NO. 1405-0004
EXPIRATION DATE: 12-31-2013
ESTIMATED BURDEN: 85 MIN

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 air travel. For more information see page 1 of instructions.
- 28 Page Book (Standard) 52 Page Book (Non-Standard)

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.



D O DP DOTS Code _____
End. # _____ Exp. _____

1. Name Last

First _____ Middle _____

2. Date of Birth (mm/dd/yyyy) **3. Sex** **4. Place of Birth** (City & State if in the U.S., or City & Country as it is presently known.)

M F

5. Social Security Number **6. Email Address** (e.g. my_email@domain.com) **7. Primary Contact Phone Number**

@

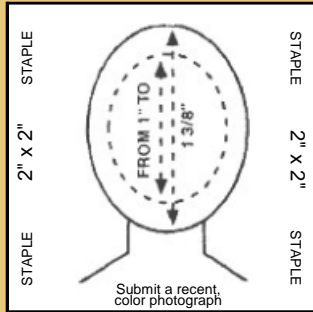
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

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 Yes
 Female No

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 Yes
 Female No

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.

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License Issue Date _____ Exp. Date _____ Place of Issue _____
 Passport
 Military Name _____
 Other _____ ID No _____

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

Driver's License Issue Date _____ Exp. Date _____ Place of Issue _____
 Passport
 Military Name _____
 Other _____ ID No _____

Applicant's Legal Signature - age 16 and older
 Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)
 Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Acceptance Agent (Vice) Consul USA Passport Staff Agent


(Seal) _____ Facility Name/Location _____

Signature of person authorized to accept applications _____ Date _____

Facility ID Number _____ Agent ID Number _____

For Issuing Office Only → Bk _____ Card _____ Execution _____ EF _____ Postage _____ Other _____

* DS 11 C 12 2010 1 *

Name of Applicant (Last, First & Middle)				Date of Birth (mm/dd/yyyy)	
11. Height	12. Hair Color	13. Eye Color	14. Occupation (if age 16 or older)	15. Employer or School (if applicable)	
16. Additional Contact Phone Numbers					
		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell		
		<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell		
17. Permanent Address - If P.O. Box is listed under Mailing Address <u>or</u> if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box)				Apartment/Unit	
City		State	Zip Code		
18. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name		Address: Street/RFD # or P.O. Box		Apartment/Unit	
City		State	Zip Code	Phone Number	Relationship
19. Travel Plans					
Date of Trip (mm/dd/yyyy)		Duration of Trip	Countries to be Visited		
20. Have you ever been married? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #20.</i>					
Full Name of Current Spouse or Most Recent Spouse		Date of Birth (mm/dd/yyyy)	Place of Birth	U.S. Citizen?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Marriage (mm/dd/yyyy)	Have you ever been widowed or divorced?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date (mm/dd/yyyy)	
21. Have you ever applied for or been issued a U.S. Passport Book? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #21</i>					
Name as printed on your most recent passport book			Most recent passport book number		
Status of your most recent passport book		Date most recent passport book was issued or approximate date you applied (mm/dd/yyyy)			
<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					
22. Have you ever applied for or been issued a U.S. Passport Card? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #22</i>					
Name as printed on your most recent passport card			Most recent passport card number		
Status of your most recent passport card		Date most recent passport card was issued or approximate date you applied (mm/dd/yyyy)			
<input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					
PLEASE DO NOT WRITE BELOW THIS LINE					
FOR ISSUING OFFICE ONLY					
<input type="checkbox"/> Sole Parent					
Name as it appears on citizenship evidence _____					
<input type="checkbox"/> Birth Certificate		SR	CR	City	Filed: _____
					Issued: _____
<input type="checkbox"/> Report of Birth		240	545	1350	Filed/City: _____
<input type="checkbox"/> Nat. / Citiz. Cert.		Date/Place Acquired: _____		A# _____	
<input type="checkbox"/> Passport		C/R	S/R	Per PIERS	#/DOI: _____
<input type="checkbox"/> Other: _____					
<input type="checkbox"/> Attached:					
<input type="checkbox"/> P/C of ID		<input type="checkbox"/> DS-3053	<input type="checkbox"/> DS-64	<input type="checkbox"/> Bio Quest	<input type="checkbox"/> Citiz W/S
		<input type="checkbox"/> DS-10	<input type="checkbox"/> DS-86	<input type="checkbox"/> DS-71	<input type="checkbox"/> DS-60
 * DS 11 C 12 2010 2 *					

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>

For official use only: Customer Name	Customer No.
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PD F 1048 E
Department of the Treasury
Bureau of the Public Debt
(Revised March 2008)

**CLAIM FOR LOST, STOLEN OR DESTROYED
UNITED STATES SAVINGS BONDS**

OMB No. 1535-0013

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.

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

(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.*
 Destroyed ⇒ *Send any remaining pieces with this form.*

• 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:
Describe 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:

(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)

(Depositor's Account No.) Type of Account: Checking Savings

Bank Routing No. - -

(Financial Institution's Name) (Phone No.)

7. SIGNATURES AND CERTIFICATION

I/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, I/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. I/We consent to the release of any information in this form or regarding the bonds described to any party having an ownership or entitlement interest in these bonds.

I/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.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here ⇒ _____			
(Signature)		(Print Name)	
Home Address _____			
(Number and Street or Rural Route)			
_____ (City)		_____ (State)	_____ (ZIP Code)
_____		_____ (Daytime Telephone Number)	
Check "YES" to give us permission to contact you by e-mail or check "NO" if you do not wish to be contacted by e-mail. <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-Mail Address _____			

Sign Here ⇒ _____			
(Signature)		(Print Name)	
Home Address _____			
(Number and Street or Rural Route)			
_____ (City)		_____ (State)	_____ (ZIP Code)
_____		_____ (Daytime Telephone Number)	
Check "YES" to give us permission to contact you by e-mail or check "NO" if you do not wish to be contacted by e-mail. <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-Mail Address _____			

Sign Here ⇒ _____			
(Signature)		(Print Name)	
Home Address _____			
(Number and Street or Rural Route)			
_____ (City)		_____ (State)	_____ (ZIP Code)
_____		_____ (Daytime Telephone Number)	
Check "YES" to give us permission to contact you by e-mail or check "NO" if you do not wish to be contacted by e-mail. <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-Mail Address _____			

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 _____ , _____ , (Month) (Year)			
at _____, and signed this form. (City) (State)			
(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 _____, _____ (Month), _____ (Year), at _____ (City), _____ (State), 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 _____, _____ (Month), _____ (Year), at _____ (City), _____ (State), and signed this form.

(OFFICIAL STAMP OR SEAL)

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) _____ (State) _____ (ZIP Code)

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 6109 of the Internal Revenue Code (26 U.S.C. 6109).

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.**

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 name of the coowner 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/H 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: SavBonds@bpd.treas.gov
- Phone: (304) 480-7711
- Fax: (304) 480-6010

ENTITLEMENT PROGRAMS

Source: <http://www.mdhs.state.ms.us/ebtfaqs.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.

The Mississippi Attorney General's office has an abundance of resources available on its website, http://www.ago.state.ms.us/index.php/sections/consumer/identity_theft, including a very helpful "Identity Theft Booklet," available at <http://www.ago.state.ms.us/images/uploads/forms/IdTheftBook.pdf>.

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 web-site 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