

**RANKIN COUNTY CORONER'S OFFICE**

**Public Information Request Form**

**Mailing address**

**P.O. Box 1438**

**Brandon, MS 39043**

This form, completed in full, must be received prior to the release of any information. For all requests, please enclose this form, completed in full, a copy of your driver's license, and a self-addressed stamped envelope. A separate form must be completed for each case requested. **The request will not be completed until all information is received.**

Person requesting information: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency/Business/Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**INFORMATION REQUESTED**

Date of incident: \_\_\_\_\_ Type of incident: \_\_\_\_\_

Person(s): \_\_\_\_\_

Date of Birth (if known): \_\_\_\_\_ SS # (if known) \_\_\_\_\_

Location of Incident: \_\_\_\_\_

\*Must specify type of information requested

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**FOR OFFICIAL USE**

Approved: \_\_\_ / \_\_\_ / \_\_\_

Contacted: \_\_\_ / \_\_\_ / \_\_\_

Picked up/mailed: \_\_\_ / \_\_\_ / \_\_\_

Information Provided: \_\_\_\_\_

Denied: \_\_\_ / \_\_\_ / \_\_\_ Reason: \_\_\_\_\_