

# **THE GREEN BOOK**

**MISSISSIPPI STATE DEPARTMENT OF HEALTH**

**HANDBOOK**

**ON**

**REGISTRATION OF MARRIAGES**

**EFFECTIVE JANUARY 1, 1986**

**Revised July 1, 2016**

**Questions concerning this handbook may be obtained from**

**Office of Public Health Statistics  
P. O. Box 1700  
Jackson, Mississippi 39215-1700  
Telephone number: 601-206-8200  
222 Marketridge Drive  
Ridgeland, MS 39157**

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## **I. INTRODUCTION**

In this country the registration of marriages, divorces, and other vital events such as births and deaths is a state and local function in this country with state laws prescribing the means through which this is accomplished. In Mississippi, as in most other states, the legislature placed the responsibility for obtaining and filing such records within the Mississippi State Department of Health. Beginning in 1912, birth and death certificates became were the first collected in Mississippi. In 1926 state files of marriage and divorce records were established and collected.

Government and private workers perform designated functions within the statewide system through which the records are obtained. Each of these groups contributes to the successful operation of the collection process and upon them depends the completeness, accuracy, and usefulness of the reports.

There are many uses for these records which include legal, medical and statistical. Some data items have only legal uses, some are for statistical use only, and many serve both purposes at the same time. Although each state decides upon the content and format of its own records, in accordance with its own laws, the items of information, for the most part, conform to the contents of model standard records. These models were developed cooperatively by the states and the National Center for Health Statistics, a branch of the U.S. Public Health Service, in order to promote consistency in the facts available for legal and statistical uses.

## **II. LAWS RELATING TO THE REGISTRATION OF MARRIAGES**

Mississippi Code of 1972, Annotated

### **Section 41-57-43. Registrar of Vital Statistics; safeguarding of records.**

It shall be the duty of the Registrar of Vital Statistics, in addition to the duties now required of him by law, to carry into effect the provisions of law relating to registration of marriages and the rules, regulations and orders of the State Department of Health which may be promulgated pursuant to section 41-57-45 [Replaced by 41-57-48 on January 1, 1979]. The said State Board of Health shall provide for such clerical and other assistance as may be necessary, and may fix the compensation of persons thus employed. The said Board shall provide suitable apartments properly equipped with fireproof vault and filing cases for the permanent and safe preservation of all official records made and returned to said bureau

### **Section 41-57-47. Certificates of Registrar to be prima facie evidence.**

Any copy of the records of marriages, when properly certified by the Registrar of Vital Statistics, to be a true copy thereof, shall be taken and received as prima facie evidence of the facts therein stated in all courts of this state.

### **Section 41-57-48. Statistical record of marriage; completion; filing; recording fee.**

- (1) For each marriage performed in this state, a record entitled Statistical Record of Marriage shall be filed with the Office of Vital Records Registration of the State Department of Health by the circuit clerk who issued the marriage license and shall be registered if it has been completed and filed in accordance with this section.
- (2) The circuit clerk who issues the marriage license shall complete the statistical record (except for the section relating to the ceremony) on a form prescribed and furnished by the State Department of Health and shall sign it. The record shall be prepared on the basis of information obtained from the parties to be married, and both the bride and the groom shall sign the record certifying that the information about them is correct.
- (3) The person who performs the marriage ceremony shall complete and sign the section relating to the ceremony and shall return the record to the circuit clerk who issued the license within five (5) days after the ceremony.
- (4) The circuit clerk, on or before the tenth day of each calendar month, shall forward to the State Department of Health all completed records returned to him during the preceding month.
- (5) The circuit clerk shall receive a recording fee of One Dollar (\$1.00) for each marriage record prepared and forwarded by him to the State Department of Health. This fee shall be collected from the applicants for the license together with, and in addition to, the fee for the license and shall be deposited in the county treasury. The recording fees shall be paid to the circuit clerk out of the county treasury once each six (6) months on order of the Board of Supervisors, upon certification by the Office of Vital Records Registration of the number of marriage records filed.

In addition to the statutes quoted, the law also sets forth penalties for violating these statutes and the rules and regulations relating to the registration of marriages.

## **V. QUESTIONS**

If clarification, additional information, or assistance is needed regarding the registration of marriages, contact the Office of Health Statistics of the Mississippi State Department of Health.

You may obtain form 595, Statistical Record of Marriage from:

Mississippi State Department of Health  
Vital Records and Health Statistics  
P. O. Box 1700  
Jackson, MS 39215-1700  
Telephone number: 601-206-8200

**IV. STATISTICAL RECORD OF MARRIAGE, FORM NO. 595, REVISED 07/01/2016.**

This reproduction is not an exact replica of the actual form.

**STATE OF MISSISSIPPI  
STATISTICAL RECORD OF MARRIAGE**

STATE FILE  
NUMBER **123-**

TYPE OR PRINT WITH BLACK INK

<b>GROOM or PARTNER</b>	1. NAME First Middle Last			Last name prior to first marriage	Gen. ID.	
	2. RACE (Check one or more races to indicate what the applicant considers themselves to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other (Specify) _____					
	3. GENDER		4. AGE	5. DATE OF BIRTH (Month, Day, Year)	6. STATE OF BIRTH (or Foreign Country)	
	RESIDENCE LOCATION		7a. STATE OR FOREIGN COUNTRY	7b. COUNTY	7c. CITY OR TOWN	
	8. I CERTIFY THAT ALL THE INFORMATION PROVIDED IS CORRECT SIGNATURE ►					

<b>BRIDE or PARTNER</b>	9. NAME First Middle Last			Last name prior to first marriage	Gen. ID.	
	10. RACE (Check one or more races to indicate what the applicant considers themselves to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Other (Specify) _____					
	11. GENDER		12. AGE	13. DATE OF BIRTH (Month, Day, Year)	14. STATE OF BIRTH (or Foreign Country)	
	RESIDENCE LOCATION		15a. STATE OR FOREIGN COUNTRY	15b. COUNTY	15c. CITY OR TOWN	
	16. I CERTIFY THAT ALL THE INFORMATION PROVIDED IS CORRECT SIGNATURE ►					

<b>LICENSE</b>	17a. COUNTY IN WHICH LICENSE ISSUED		17b. DISTRICT	18. DATE LICENSE ISSUED (Month, Day, Year)	19. RECORDED IN Book _____ on Page _____
	20a. DATE APPLIED ►		20b. SIGNATURE OF CIRCUIT CLERK OR DEPUTY ►		

<b>CEREMONY</b>	LOCATION IN MISSISSIPPI WHERE MARRIAGE OCCURED		21a. COUNTY	21b. CITY OR TOWN	22. DATE OF MARRIAGE (Month, Day, Year)	
	23. I certify that the above named persons were joined in marriage by me in accordance with the laws of the State of Mississippi at the location and on the date shown above. SIGNATURE OF PERSON WHO PERFORMED CEREMONY ►					
	24a. PRINT NAME OF PERSON WHO PERFORMED CEREMONY			24b. TITLE OF OFFICIAL	25. TYPE OF CEREMONY 1. <input type="checkbox"/> Civil 2. <input type="checkbox"/> Religious	
	26. MAILING ADDRESS OF PERSON WHO PERFORMED CEREMONY (Street and number or route and box number, City or Town, State, Zip code)					

**THE INFORMATION BELOW WILL NOT APPEAR ON THE CERTIFIED COPIES OF THIS RECORD**

<b>GROOM or PARTNER</b>	PREVIOUS MARRIAGES	27. NUMBER None or _____ Total	LAST MARRIAGE (IF ANY)	28a. ENDED BY Divorce, 1. <input type="checkbox"/> Death 2. <input type="checkbox"/> Annulment	28b. DATE ENDED (Month, Day, Year)
	29. EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				
<b>BRIDE or PARTNER</b>	PREVIOUS MARRIAGES	30. NUMBER None or _____ Total	LAST MARRIAGE (IF ANY)	31a. ENDED BY Divorce, 1. <input type="checkbox"/> Death 2. <input type="checkbox"/> Annulment	31b. DATE ENDED (Month, Day, Year)
	32. EDUCATION (Check the box that best describes the highest degree or level of school completed) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown				

Supplies of this form may be obtained at no charge from the Mississippi State Department of Health.

**V. SPECIFIC INSTRUCTIONS FOR COMPLETING STATISTICAL RECORD OF MARRIAGE - EXCEPT CEREMONY SECTION, ITEMS 21a-26.**

All of the record except Ceremony Section should be completed by the Circuit Clerk who issues the marriage license.

Complete every item in first four (4) sections.

DO NOT AFFIX A SEAL THE TO THE STATISTICAL RECORD OF MARRIAGE

**STATE FILE NUMBER**

The state file number will be assigned and entered by State Department of Health. It is the permanent identification of the record.

**GROOM OR PARTNER**

**Item 1. NAME (FIRST, MIDDLE, LAST), LAST NAME PRIOR TO FIRST MARRIAGE, GEN ID**

- Enter the complete name of the groom or partner
- Do not enter an initial for the first or middle name unless the initial does not stand for a name. Do not enter an abbreviation for a name.
- Enter last name prior to first marriage; enter generational ID if applicable.

**Item 2. RACE (CHECK ONE OR MORE RACES TO INDICATE WHAT THE APPLICANT CONSIDERS THEMSELVES TO BE)**

- Enter the race or races the applicant considers themselves to be. Blank, Other, N/A or Unknown is not acceptable.

**Item 3. GENDER**

- Enter the gender of the groom or partner.

**Item 4. AGE**

- Enter the age of the groom or partner on the last birthday.

**Item 5. DATE OF BIRTH (MONTH, DAY, YEAR)**

- Enter the exact month, day and year.
- Be sure the age entered in item 4 and the date of birth are in agreement according to the date the statistical record is prepared.

**Item 6. STATE OF BIRTH (OR FOREIGN COUNTRY)**

- If the groom or partner was born in the United States, enter the name of the state.
- If the groom or partner was born in a foreign country, enter the foreign country.
- If the groom or partner was born in the United States but the state is unknown, enter "U.S. – Unknown".
- If the groom or partner was born in a foreign country but the country is unknown, enter "Foreign – Unknown".

- If no information is available regarding place of birth, enter “Unknown”.

**RESIDENCE LOCATION: Items 7a-c**

The place of residence shown should be the actual location of the groom or partner’s home regardless of the mailing address.

**Item 7a. STATE OR FOREIGN COUNTRY**

- Enter the name of the state in which the groom or partner’s place of residence is actually located. This may differ from the state used in his mailing address.
- If the groom or partner is not a U.S. resident, enter the country of residence.

**Item 7b. COUNTY**

- Enter the name of the county in which the groom or partner’s place of residence is actually located.

**Item 7c. CITY OR TOWN**

- Enter the name of the city or town in or near which the groom or partner’s place of residence is actually located. This may differ from the city or town used in the mailing address.

**Item 8. I CERTIFY THAT THE INFORMATION ENTERED IN “GROOM OR PARTNER’S” SECTIONS IS CORRECT,**

**SIGNATURE OF THE GROOM OR PARTNER**

- Before signing, please have groom or partner check all information about themselves which has been entered in this section (Items 1-7c) and in the Groom or Partner’s section located at bottom of form (Items 27-29).
- If there are any errors, make the corrections before the signature is made.
- After verification of all information, the signature should be made in black permanent ink.

**BRIDE OR PARTNER**

**Item 9. NAME (FIRST, MIDDLE LAST), LAST NAME PRIOR TO FIRST MARRIAGE, GEN ID**

- Enter the complete name of the groom or partner
- Do not enter an initial for the first or middle name unless the initial does not stand for a name. Do not enter an abbreviation for a name.
- Enter last name prior to first marriage; enter generational ID if applicable.

**Item 10. RACE (CHECK ONE OR MORE RACES TO INDICATE WHAT THE APPLICANT CONSIDERS THEMSELVES TO BE)**

- Enter the race or races the applicant considers themselves to be. Blank, Other, N/A or Unknown is not acceptable.

**Item 11. GENDER**

- Enter the gender of the bride or partner.

**Item 12. AGE**

- Enter the age of the bride or partner on the last birthday.

**Item 13. DATE OF BIRTH (MONTH, DAY, YEAR)**

- Enter the exact month, day and year.
- Be sure the age entered in item 12 and the date of birth are in agreement according to the date the statistical record is prepared.

**Item 14. STATE OF BIRTH (OR FOREIGN COUNTRY)**

- If the bride or partner was born in the United States, enter the name of the state.
- If the bride or partner was born in a foreign country, enter the foreign country.
- If the bride or partner was born in the United States but the state is unknown, enter "U.S. – Unknown".
- If the bride or partner was born in a foreign country but the country is unknown, enter "Foreign – Unknown".
- If no information is available regarding place of birth, enter "Unknown".

**RESIDENCE LOCATION: Items 15a-c**

The place of residence shown should be the actual location of the bride or partner's home regardless of the mailing address.

**Item 15a. STATE OR FOREIGN COUNTRY**

- Enter the name of the state in which the bride or partner's place of residence is actually located. This may differ from the state used in his mailing address.
- If the bride or partner is not a U.S. resident, enter the country of residence.

**Item 15b. COUNTY**

- Enter the name of the county in which the bride or partner's place of residence is actually located.

**Item 15c. CITY OR TOWN**

- Enter the name of the city or town in or near which the bride or partner's place of residence is actually located. This may differ from the city or town used in the mailing address.

**Item 16. I CERTIFY THAT THE INFORMATION ENTERED IN "BRIDE OR PARTNER'S" SECTIONS IS CORRECT,**

**SIGNATURE OF THE BRIDE OR PARTNER**

- Before signing, please have the bride or partner check all information about themselves which has been entered in this section (Items 9-15c) and in Bride or Partner's section located at bottom of form (Items 30-32).
- If there are any errors, make the corrections before the signature is made.
- After verification of all information, the signature should be made in black permanent ink.

## LICENSE

### Item 17a. COUNTY IN WHICH LICENSE ISSUED

- Enter the name of the county in which the marriage license was issued. If the issuing county has more than one district, give the number of the district issuing the license.
- Do not abbreviate the county name.

### Item 17b. DISTRICT

- If the county of issuance has more than one county office, give the district number for the office issuing the license. If the county does not have more than one district office, leave this item blank.

### Item 18. DATE LICENSE ISSUED (MONTH, DAY, YEAR)

- Enter the exact month, day and year the marriage license was issued.
- Write out the name of the month or use its abbreviation.

### Item 19. RECORDED IN

- Enter the number and/or letter of the book in the circuit clerk's office in which a permanent record of this marriage is made. Enter also the page number on which this event is recorded.

### Item 20a. DATE APPLIED

- Enter the date on which the license was applied for.

### Item 20b. SIGNATURE OF CIRCUIT CLERK OR DEPUTY

- The circuit clerk (or deputy) of the county in which the marriage license was issued should sign the document.

## VI. SPECIFIC INSTRUCTIONS FOR COMPLETING STATISTICAL RECORD OF MARRIAGE—CEREMONY, ITEMS 21A-26

This section should be completed by the person who performs the marriage ceremony.

This record is for a marriage which is performed in the State of Mississippi.

Complete all items in this section. Inquiries will be sent regarding any record which is incomplete or contains questionable information. Type or print clearly with black ink. This report will become part of the permanent office records of the Mississippi State Department of Health. As such it can serve as a legal document acceptable in court.

DO NOT AFFIX A SEAL TO THE STATISICAL RECORD.

Return this completed record to the circuit clerk who issued the license. Mississippi law requires the record be returned within five (5) days after the ceremony.

## **CEREMONY**

### **LOCATION IN MISSISSIPPI WHERE MARRIAGE OCCURRED Items 21a-b**

#### **Item 21a. COUNTY**

- Enter the name of the Mississippi county in which the marriage ceremony was performed.

#### **Item 21b. CITY OR TOWN**

- Enter the name of the Mississippi city or town in which the marriage ceremony was performed.
- If the ceremony did not take place in a city or town, enter the name of the closest city or town or the community.

#### **Item 22. DATE OF MARRIAGE (MONTH, DAY, YEAR)**

- Enter the exact date on which the ceremony was performed.
- Write out the name of the month or use the abbreviation.

#### **Item 23. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE JOINED IN MARRIAGE BY ME AND IN ACCORDANCE WITH THE LAWS OF THE STATE OF MISSISSIPPI AT THE PLACE AND ON THE DATE SHOWN ABOVE, SIGNATURE OF PERSON WHO PERFORMED CEREMONY.**

- Enter your signature with black ink. Do not type or use stamp.

#### **Item 24a. PRINT THE NAME OF PERSON WHO PERFORMED THE CEREMONY**

- Print the complete name of the person who performed the ceremony.

#### **Item 24b. TITLE OF PERSON WHO PERFORMED THE CEREMONY**

- Enter your title using a term such as Minister, Priest, Rabbi, Justice Court Judge, etc.

#### **Item 25. TYPE OF CEREMONY**

- Mark the correct box to show whether a civil or religious ceremony was performed. The ceremony is considered civil if the person performing the ceremony is an elected official whom is allowed to perform marriage ceremonies.
- 

#### **Item 26. MAILING ADDRESS OF PERSON WHO PERFORMED CEREMONY (STREET AND NUMBER OR ROUTE AND BOX NUMBER, CITY OR TOWN, STATE, ZIP CODE)**

- Enter the complete mailing address of the person who performed the ceremony.

## **VII. LOWER PART OF THE STATISTICAL RECORD OF MARRIAGE Items 27-32**

### **GROOM OR PARTNER**

### **PREVIOUS MARRIAGES**

#### **Item 27. NUMBER**

- If the groom or partner has never been married before, circle "None". Do not leave this item blank.

- If the groom or partner has been married previously, enter the total number of previous marriages. Do not include the marriage for which this license is issued.

**Item 28a. LAST MARRIAGE (IF ANY), ENDED BY**

- If the groom or partner has been married before, check the box which shows whether the last marriage ended by death, divorce or annulment.
- If the last marriage ended by a type of legal dissolution other than divorce or annulment, check "Divorce, Annulment". (Note that a separation even if it is a legal separation, is not a legal termination of marriage.)
- If the groom or partner has never been married before, leave this item blank.

**Item 28b. LAST MARRIAGE (IF ANY) DATE ENDED (MONTH, DAY, YEAR)**

- If the groom or partner has been married before, enter the exact month, day and year on which the last marriage ended. Use the date of death of the previous wife or partner or the date on which the divorce, annulment, or other legal dissolution became final.
- Do not use zeros in any part that is unknown. If any part of the date is unknown, state "Unknown" for that part.

**Item 29. EDUCATION (CHECK ONLY THE HIGHEST LEVEL COMPLETED)**

- Check the box that best describes the highest degree or level of school completed.
- Do not enter any other kind of schooling such as barber and beauty schools, business or trade schools, etc.

**BRIDE OR PARTNER**

**PREVIOUS MARRIAGES**

**Item 30. NUMBER**

- If the bride or partner has never been married before, circle "None". Do not leave this item blank.
- If the bride or partner has been married previously, enter the total number of previous marriages. Do not include the marriage for which this license is issued.

**Item 31a. LAST MARRIAGE (IF ANY), ENDED BY**

- If the bride or partner has been married before, check the box which shows whether the last marriage ended by death, divorce or annulment.
- If the last marriage ended by a type of legal dissolution other than divorce or annulment, check "Divorce, Annulment". (Note that a separation even if it is a legal separation, is not a legal termination of marriage.)
- If the bride or partner has never been married before, leave this item blank.

**Item 31b. LAST MARRIAGE (IF ANY), DATE ENDED (MONTH, DAY, YEAR)**

- If the bride or partner has been married before, enter the exact month, day and year on which the last marriage ended. Use the date of death of the previous husband or partner or the date on which the divorce, annulment, or other legal dissolution became final.
- Do not use zeros in any part that is unknown. If any part of the date is unknown, state "Unknown" for that part.

**Item 32. EDUCATION (CHECK ONLY THE HIGHEST LEVEL COMPLETED)**

- Check the box that best describes the highest degree or level of school completed.
- Do not enter any other kind of schooling such as barber and beauty schools, business or trade schools, etc.