

**Abandoned Cemetery Certification Request Form
Mississippi Department of Archives and History**

Cemetery Name: _____ County: _____

Contact Person's Name, _____
Address, and _____
Daytime Phone Number _____

Property Owner's Name _____
and Address _____

County Supervisor in _____
Whose Beat Cemetery _____
is Located _____

Cemetery Location _____
(Rd, Hwy, Etc.) _____

Statement of Significance _____

BELOW THIS LINE FOR OFFICE USE ONLY

Date Request Received _____
Date Inspected _____ Eligible _____ Ineligible
Date Presented to the Board Of Trustees _____

Send to --

Mississippi Department of Archives and History
Historic Preservation
Abandoned Cemetery Project
P. O. Box 571
Jackson, MS 39205-0571
Telephone: (601) 576-6940
Fax: (601) 576-6955
Email: msshpo@mdah.state.ms.us