MISSISSIPPI FORESTRY COMMISSION

660 North Street, Suite 300 • Jackson, Mississippi 39202
Phone: (601) 359-1386 • Fax: (601) 359-1349 • www.mfc.state.ms.us

ADDRESS AND EMERGENCY DATE INFORMATION FORM

STATEWIDE PAYROLL AND HUMAN RESOURCE SYSTEM
MAINTAIN EMPLOYEE/WORKER DEMOGRAPHICS

SS#: _____

Last Name: _____ First Name: _____ Suffix: _____

Middle Name: _____ Maiden Name: _____

Date of Birth (mm/dd/yyyy): _____

Gender Code: _____

Gender Code
1. Male
2. Female

Race Code: _____

Race Code:
1. American Indian
2. White
3. Hispanic
4. Black
5. Asian
6. Other

Permanent Address: Street: _____

City: _____ State: MS Zip: _____

Mailing Address: Street: _____

City: _____ State: MS Zip: _____

Phone Numbers: Home: _____ Other _____

Contact Information #1:

Type: _____ Relationship: _____

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone # _____ Ext: _____ Other: _____

Contact Information #2:

Type: _____ Relationship: _____

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone # _____ Ext: _____ Other: _____

Contact Code:

BI	Beneficiary
EM	Emergency Only
NK	Next of Kin

Relation Code:

A	Aunt	O	Cousin
B	Brother	P	Spouse
C	Child	R	Friend
F	Father	S	Sister
G	Grandparent	U	Uncle
M	Mother		

Reset Form