



Media Advisement

Mississippi Department of Corrections – 301 North Lamar St., Jackson, MS 39201 – 601-359-5600
Burl Cain, Commissioner

To: **Members of the News Media**
From: Office of Communications
Date: September 25, 2025
Re: Scheduled execution/Media witness application

*** Procedure to submit requests for media witness to an execution ***

The Mississippi Supreme Court has set an execution date for **Charles Ray Crawford, MDOC #82068**. Crawford, 59, is scheduled to be executed at 6 p.m. on **Wednesday, October 15, 2025**, at the Mississippi State Penitentiary at Parchman.

Submit notice of interest in attendance NO LATER than 5 p.m., Friday, October 3, 2025.

News media organizations wishing to submit candidates for viewing the execution must send their request on the form attached with this notice and signed by their news department manager. Persons listed on the enclosed form will be entered into the lottery selection process as space is limited. **Selected persons will be notified by email** and provided additional instructions. Witnesses will have access to the media briefings. **All witness applicants must fill out the attached form, make a PDF, and send it to the address at the bottom of the form. A background check will be performed on all applicants.**

*Please be advised that all media personnel will be entering a secure prison area and are subject to being searched. Please only bring items essential to news duties. According to MDOC policy and state law, **all recording devices of any kind will be restricted and allowed only in the media center and parking area.** Movement between the media center and parking area will be strictly limited after media personnel have checked in upon arrival. For example, going back and forth to your vehicle will be prohibited.*

At the appropriate time, media witnesses will be escorted to a staging area, given instructions, and then transported to the location where the execution will be held.

Please be advised: Media witnesses will be provided a pad and pencil for taking notes during the execution, but the light in the witness room will be off.

All requested information must be provided **in print** on this form for **each** media personnel:

Media Witness

- **Name of news organization:**
- **Name of reporter:**
- **Date of Birth:**
- **Driver's license number including issuing state and expiration date:**
- **Social Security Number:**
- **E-mail address:**
- **Cell Phone number:**
(so we may reach you directly and immediately if necessary)
- **Media format** (CIRCLE all that apply):

PRINT

RADIO

TV

INTERNET

Please sign below to indicate acknowledgement of the following statement:

****I certify and confirm that the above information is true and accurate. I understand that I will be allowed access to the media center and the execution witness room. I understand also that I cannot make any recordings of activities outside of the media center. I also acknowledge that I will be entering a secured prison facility and are subject to being searched.***

Reporter signature

News Manager signature

Download and complete this form, make a PDF, attach, and send to the following address **no later than 5 p.m., Friday, October 3, 2025:**

MDOCOfficeofCommunications@mdoc.state.ms.us