



# Media Advisement

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

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To: Members of the News Media  
From: Office of Communications  
Date: June 2, 2025  
Re: Scheduled execution

**\* Deadline announced to submit requests for media witness to an execution \***

The Mississippi Supreme Court has set an execution date for **Richard Jordan, MDOC #30990**. Jordan, 79, is scheduled to be executed at 6 p.m. on Wednesday, June 25, 2025, at the Mississippi State Penitentiary at Parchman.

**Submit notice of interest in attendance NO LATER than 5 p.m., Wednesday, June 11, 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 by June 16. They will have access to the media briefings and receive any printed information released by the MDOC Office of Communications leading up to the execution. **Your witness applicant must fill out the attached form, make a PDF, and send it to the address at the bottom of the form.**

At the designated time, the 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 that all media personnel will be entering a secure prison area and are subject to being searched. Please bring items only essential to news duties. According to MDOC policy and state law, all recording devices will be restricted and allowed only in the media center and parking area.

Media witnesses to the execution will be provided a pad and pencil for taking notes if they desire, but be advised that the light in the witness room will be off.

**No electronic recording devices of any kind will be allowed in the execution witness rooms.**

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

**Media Witness**

- Name of news organization:
- Name of reporter:
- Date of Birth:
- Driver's license number including expiration date:
- Social Security Number:
- E-mail address:
- Phone number:
- 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.***

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Reporter signature

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News Manager signature

Date of submission:

Download and complete this form, make a PDF, and send to the following address  
**no later than 5 p.m., Wednesday, June 11, 2025:**

**MDOCOfficeofCommunications@mdoc.state.ms.us**