

COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

EACH COPY \$5.00

NO CHARGE FOR DD214

*****IDENTIFICATION REQUIRED*****

ID# _____

(Driver's License, State Issued ID, Passport, Visa, Green Card)

BIRTH CERTIFICATE

Number of copies requested _____

FULL NAME AT BIRTH: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S FULL (MAIDEN) NAME: _____

DEATH OR DISCHARGE CERTIFICATE (DD214)

Number of copies requested _____

FULL NAME OF DECEASED OR DISCHARGED: _____

DATE OF DEATH OR DISCHARGE: _____

MARRIAGE CERTIFICATE

Number of copies requested _____

PARTY ONE (maiden if applicable): _____

PARTY TWO (maiden if applicable): _____

DATE OF MARRIAGE: _____

WHAT IS YOUR RELATIONSHIP TO PERSON ON THE CERTIFICATE? (CIRCLE ONE)

SELF PARENT SPOUSE CHILD GRANDCHILD GREAT-GRANDCHILD

OTHER: _____

(§7-1-3LL) DD214 ONLY: SIBLING EXECUTOR/EXECUTRIX/ADMIN. OF ESTATE

I AM AN AUTHORIZED AGENT, ATTORNEY, OR LEGAL REPRESENTATIVE OF THE PERSON LISTED ABOVE

WARNING:

Making false statements and misuse of vital records can result in criminal and civil penalties.

WV code §16-5-38

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

APPLICANT'S SIGNATURE

DATE

PRINT APPLICANT'S NAME

APPLICANT'S FULL MAILING ADDRESS:

ATTEST:

DEPUTY CLERK