



Application for Certified Copy of West Virginia Birth Certificate



Please complete on-line, print, sign, and mail as instructed below or print except where signature is required.

The following pertains to information that would be found on the certificate being requested.

Name of person on the certificate

Date of Birth

First Middle Last

Month/Day/Year

Mother's Maiden Name

First Middle Last

Sex:

Male

Female

Father's Name

First Middle Last

Place of Birth

City _____ County _____ State _____

Hospital _____

The information below pertains to the person requesting the certificate.

Requestor's Relationship:

Parent/Grandparent

Guardian or agent

Child/Grandchild

Brother/Sister

Certificate of my own birth

Spouse

By my signature, I certify that the above marked relationship is true.

Signature (Required)

Printed Name (Required)

Requesting _____ copies at \$10.00 per copy and enclosing \$_____.

Please send check or money order. Please do not send cash.
Make checks payable to: Vital Registration

Send copies to: Print your address below.

() _____
Area Code Your daytime telephone number:

City State Zip

E-Mail address

Submit form with check or money order to:

Vital Registration
Room 165
350 Capitol Street
Charleston, WV 25301-3701

Telephone: (304) 558-2931