



Application for Copy of West Virginia Death Certificate



Please 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 Death

First Middle Last

Month/Day/Year

City _____

County _____

State _____

Hospital _____

Sex:

Male

Female

The information below pertains to the person requesting the certificate.

Requestor's Relationship: Parent

Guardian or agent

Grandparent

Child of decedent

Spouse

Other (Describe)

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

Signature (Required)

Printed Name (Required)

Reason for request: _____

Enclosed is \$ _____ for _____ copies at \$10.00 per copy.

Please send check or money order. Please do not send cash.

Make checks payable to: Vital Registration

Send copies to: **Print** your address below.

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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