

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 \$5.00 (\$10.00 after July 3, 2006) 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.

City State Zip

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Area Code

Your daytime telephone number.

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