



# 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 \_\_\_\_\_

## Requestor's Relationship:

Parent/Grandparent  Guardian or agent  Child/Grandchild

Certificate of my own birth  Spouse  Brother/Sister

**Making false statements and misuse of vital records will result in criminal and civil penalties pursuant to WV Code §16-5-38.**

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Printed Name (Required)

Requesting \_\_\_\_\_ copies at \$12.00 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