



# 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_  
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