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.

<table>
<thead>
<tr>
<th>Name of person on the certificate</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Month/Day/Year</td>
</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td></td>
</tr>
</tbody>
</table>

City ____________________________ County ____________________________ State ________ 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) ____________________________________________________________

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)

Reason for request: ____________________________________________________________

Enclosed is $___________ for _______ copies at $1.20 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.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

( ) ____________________________

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

Last Revised 01/06/09