



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 _____ 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 \$12.00 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.

() _____
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