

Application for Certified Marriage Certificate

Note: A \$12.00 nonrefundable search fee must accompany this application. This fee includes one copy, if found. Each additional copy is \$12. Cash is sent at sender's risk. Make check or money order payable to "VITAL REGISTRATION"

Vital Registration Office
 Room 165
 350 Capitol Street
 Charleston WV, 25307-3701
 (304) 558-2931
 www.wvdhhr.org

For Office Use Only	
WHEN STAMPED PAID THIS IS YOUR RECEIPT	
CASH	
CHECK	
MONEY ORDER	
NO. COPIES	
AMOUNT	

GROOM'S NAME (FIRST-MIDDLE-LAST)	DATE OF MARRIAGE
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BRIDE'S MAIDEN NAME (FIRST-MIDDLE-LAST)	MONTH/DAY/YEAR
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PLACE OF APPLICATION		
CITY	COUNTY	STATE

Mail Certificate to
Mailing Address
Suite or Apartment Number
City, State, Zip

<p>What is Your Relationship to the Bride or the Groom ?</p> <p>_____</p> <p>I understand that intentionally making a false statement on this application or obtaining, possessing, or using a vital record other than is allowed by law or using the vital record of another with an intent to deceive is a FELONY under the law of the State of West Virginia (WV Code §16-5-38).</p> <p>_____</p>
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Signature Required