



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.

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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