

WETZEL COUNTY APPLICATION FOR CERTIFIED COPIES OF VITAL RECORDS

Return to: Wetzel County Clerk, PO Box 156, New Martinsville, WV 26155

IDENTIFICATION REQUIRED ID # if applicable _____

BIRTH CERTIFICATE

FULL NAME AT BIRTH: _____
DATE OF BIRTH: _____
FATHERS NAME: _____
MOTHER'S FULL (MAIDEN) NAME: _____

DEATH CERTIFICATE

FULL NAME OF DECEASED: _____
DATE OF DEATH: _____

MARRIAGE CERTIFICATE

FULL NAME OF GROOM: _____
NAME OF BRIDE (MAIDEN): _____
DATE OF MARRIAGE: _____

THE CERTIFICATE ABOVE IS: (PLEASE CIRCLE ONE OF THE FOLLOWING)

MY OWN	GRANDPARENT	I AM AN AUTHORIZED AGENT, ATTORNEY OF LEGAL DETERMINATION OR PERSONAL OR LEGAL REPRESENTATIVE OF THE PERSON LISTED ABOVE.
MY CHILD	STEP-PARENT	
MY SISTER	STEP-CHILDREN	
MY BROTHER	MOTHER-IN-LAW	
MY SPOUSE	FATHER-IN-LAW	
MY PARENT	SON-IN-LAW	
GRANDCHILD	DAUGHTER-IN-LAW	

WARNING: MAKING A FALSE APPLICATION FOR A VITAL RECORD IS A FELONY UNDER
STATE AND FEDERAL LAW.

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION GIVEN IS TRUE TO THE BEST OF
MY KNOWLEDGE AND BELIEF. DATE: _____

APPLICANT'S SIGNATURE

PRINT/TYPE APPLICANT'S NAME

DEPUTY CLERK

APPLICANT'S FULL MAILING ADDRESS